EN-728-02

QUANTIFICATION OF WOMEN AND UNDER-REPRESENTED MINORITY APPLICANTS TO CLINICAL CARDIAC ELECTROPHYSIOLOGY FELLOWSHIP

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Background: Prior to the institution of the Match, there have been no reliable data available regarding how many women or under-represented minority (URM) applicants for clinical cardiac electrophysiology (CCEP) fellowship there are in the United States.

Objective: To present the available data on women and URM CCEP applicants.

Methods: We reviewed three years (2019-2021) of ERAS data for CCEP fellowship applicants and their corresponding years for cardiovascular disease (CVD) fellowship. These data represent the applicants, and not the matched fellowship matriculants.

Results: Overall, 5-6% of the pool of CVD fellows chose CCEP in years 2016-2018 (Figure, Panel A). Women comprised 13-15% of that group, and self-identified URM applicants comprised 7-10%. While there was a numerical increase in the absolute number of women applicants applying for CCEP fellowship (Figure, Panel B), this was not a statistically significant increase given the overall size of the applicant pool (P for trend <0.05, NS). The proportion of URM groups applying for CCEP fellowship was even lower. There were only 4 (3%), 6 (5%) and 7 (5%) self-identified Hispanic, Latino, or Spanish origin CCEP applicants in 2019, 2020 and 2021, respectively (Figure, Panel C). This trend starts early at CVD application level as women and URM CVD applicants comprised 21% and 10% in 2016, 24% and 9% in 2017, and 23% and 9% in 2018. (P for trend = NS in all above).

Conclusion: The number of women and URM applicants for CCEP is low with no increase observed between 2019 and 2021. Identifying and addressing barriers for women and URM applying for CVD and CCEP training will be paramount to increase representation.

EN-728-03

A WIDENING DIGITAL DIVIDE: UTILIZATION OF VIRTUAL VISITS IS REDUCED OVER TIME FOR BLACK AND HISPANIC COMMUNITIES

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Background: Social distancing restrictions resulted in increased utilization of virtual visits (VVs) for arrhythmia care in 2020. Over time, there has been a return to in-person visits (IPVs); however, utilization of VVs may continue to offer advantages for patients.

Objective: To assess characteristics of patients durably adopting virtual care.

Methods: All appointments in our arrhythmia clinics from March 2020 through November 2021 were analyzed. Completed appointments by EP providers were categorized as VV or IPV. The VV rate was calculated as number of VVs divided by total visits (IPVs and VVs). Patient characteristics collected included self-identified race and ethnicity as well as age, gender, and insurance status. We also assessed enrollment in an internet-based patient portal that interfaces with the electronic medical record (EMR) and allows for communication with providers.

Results: A total of 6,084 VVs and 10,942 IPVs were included in the analysis. In 2020, 3,550 VVs comprised the majority (52.8% of 6,723) of all outpatient visits, whereas in 2021, this proportion dropped to 24.6% (2,534/10,303) as IPVs became more common. The largest reduction in VV utilization was amongst Black patients (65.2% reduction to a 19% VV rate) followed by Hispanics (62.3% reduction to a 15.8% VV rate). Both groups had a significantly reduced VV utilization rate compared to others in 2021 (P <0.01). There was no significant difference in VV rates for underinsured patients in 2020 or 2021, indicating social but not economic influence on telehealth adoption. We also assessed enrollment in an internet-based patient portal that interfaces with the electronic medical record (EMR) and allows for communication with providers.

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reduced for Black and Hispanic patients (67.4% and 63.1% vs 80.6%; P < 0.01) but did not significantly change over time. **Conclusion:** There was a large reduction in the overall use of VVs for arrhythmia care from 2020 to 2021. The largest reductions in VV utilization were observed in the Black and Hispanic communities, where digital health resources appeared to be underutilized.

### Abstracts

**EN-728-04: USE OF ARTIFICIAL INTELLIGENCE (AI) TO IDENTIFY PATIENTS AT RISK FOR SUDDEN CARDIAC ARREST (SCA) ADDRESSING HEALTHCARE DISPARITIES**

*Douglas Steven Beinborn and Logan Brigman*

**Background:** Estimated 356,000 experience Sudden Cardiac Arrest (SCA) annually in US. SCA often associated with signs of low EF, heart failure, myocardial infarction. Published data shows 85% of individuals meeting AHA/ACC/AHA guidelines do not receive a device implant. Population largely underserved due to barriers including: primary care provider is engaged outside of EP/Cardiology practice Providers not understanding HRS/ACC/AHA guidelines Patients lost to follow-up during 40-90-day waiting periods

**Objective:** Reduce deaths, hospitalizations, and suffering, use artifcial intelligence to identify patients at risk proper EP consultation, assist hospitals to meet clinical guidelines, appropriate use, and healthcare disparities

**Methods:** Through utilization Mpirik’s Cardiac Intelligence® software, cardiovascular reports and clinician free text notes aids to identify patients with characteristics of SCA risk without appropriate consultation. Through the Cardiac Intelligence® real-time platform, clinicians can view patient populations, manage identified patients with the purpose of eliminating undertreatment, and receive automated alert notifications on patients identified with no appropriate follow-up plan.

**Results:** During 60-day period, 4,042 patients underwent cardiac function evaluation at a single site. Patients identified at risk for SCA was 176 (4.35%), of those patients 38 (21.6%) did not have appropriate follow-up. This equates to 228 primary prevention ICD patients annually.

**Conclusion:** Utilization of artificial intelligence shows clear early value in identifying patients at risk for SCA. Cardiac Intelligence’s EMR agnostic platform promotes creative options to address healthcare disparities. For 2022, a minimum of 7 medical institutions will be fully operational and authors will provide further detail and impact.

**ABSTRACT AP-519: After ablation: Advancing our approach to Afi patient care**

*Sunday, May 1, 2022 1:00 PM - 2:00 PM*

**AP-519-01 A MULTIDISCIPLINARY APPROACH TO SAME DAY DISCHARGE OF PATIENTS POST ATRIAL FIBRILLATION ABLATION**

*Alanna Miller MSN, CRNP; Kimberly Leotta MSN, CRNP; Todd Mendelson MD and Benjamin Dsouza MD, FACC, FHRS*

**Background:** The COVID-19 pandemic created an increased need for inpatient hospital beds. This need along with advances in AF ablation technology led us to develop a program to discharge patients the same day as their AF ablation.

**Objective:** To develop and implement a protocol to allow safe Same Day Discharge (SDD) of eligible patients after AF ablation.

**Methods:** A multi-disciplinary team of providers and nurses developed an institutional-wide protocol to identify patients for safe SDD. Eligibility was based on comorbidities, home support, and distance from hospital. Adjusted procedural workflow included use of vascular closure devices to decrease bedrest time, avoidance of urinary catheters, and careful monitoring of volume status. A post discharge automated call system was developed to trigger nurse-level outreach to identify and treat potential post-operative complications. A retrospective analysis was performed to review enrollment and complications to ensure safety of the program.

**Results:** SDD for AF ablation was performed in 113 patients in 2020. There was 1 complication in the immediate post-op period due to traumatic foley insertion, 1 visit to urgent care for pericarditis, and 1 hospital readmission within 30 days due to volume overload; a total complication rate of 2.7%. There was no mortality observed and no major complications. Average general anesthesia time was 168.7 +/- 58.5min and average procedural time (vascular access to reversal) was 105.6 +/- 53.1 min.

**Conclusion:** A safe and effective same day discharge program was developed for patients undergoing AF ablation by a multidisciplinary team. This program resulted in improved patient satisfaction and had favorable impacts on healthcare utilization.