Reviews in Cardiovascular Medicine

Letter to the Editor

Comment to ``Chronic disease management in heart failure: focus on telemedicine and remote monitoring"

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I read with interest the article by Alvarez *et al.* [1] that focuses on an emerging issue. Heart failure (HF) has a great impact on healthcare expenditure, mainly due to high cost of early re-hospitalizations [2]. As mentioned in this article, reducing re-admission after HF acute episodes requires a short-term follow up after patient discharge, ideally within 14 days [3].

Coronavirus disease (COVID)-19 pandemic raised concerns about the feasibility of having frequent in-office visits; therefore, alternative strategies were implemented in order to reduce virus spreading. Furthermore, during the first few months of this health emergency, the number of Emergency Department accesses was reduced [4], maybe due to contagion fear. In this contest, technologies able to drive patient treatment without direct contact gained interest.

The authors illustrate available tools that could be used for remote management of HF patients, encompassing virtual visit (VV), telemedicine and telemonitoring.

Nevertheless, limitations to the adoption of this care model should be acknowledged.

VV are an emerging option that requires the availability of software, the patient willing and technology confidence [5]; especially, elderly patients still preferred in-office visit to virtual follow up and in our Italian hospital behaviour seems to be prevalent.

The effectiveness of telemedicine and telemonitoring was object of several trials; remote follow-up strategies are effective in increasing the timeliness of detection of various critical situations and reducing costs [6]. Nevertheless, conclusive evidence of clinical benefit is lacking and the effects on hospitalization and mortality are not consistent among different studies [6, 7]. Furthermore, only standardize response models resulted to be effective for the management of HF patient [7] but this seems not to be the usual clinical practice.

Finally, reimbursement policy remains a main gap in several countries.

With these observations, I hope to stimulate discussion about new strategies to manage HF patients based on indirect contact integrated with device data by remote transmissions and parameters recorded by phone calling.

Ethics approval and consent to participate

Not applicable.

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Conflict of interest

The authors declare no conflict of interest.

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