



Getting the Most From Your Cardiovascular Consultant

Jay D Geoghagan, MD, FACC

Disclosures: None

Sources of Frustration

- **Communication Difficulties.**
 - Fax, EHR, Patient and family.
- Not getting an answer to your concern/question.
- No clear plan outlined.

Getting the Most From Your Cardiovascular Consultant

- **Find some way to communicate the concern**
 - Clinical question is frequently unknown to the cardiologist.
 - Patients often deny or downplay their symptoms.
 - Patients get confused about which doctor they are seeing.

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- **Find some way to communicate the concern**
 - Faxed notes often get lost or disappear in the “to be scanned” bucket.

Getting the Most From Your Cardiovascular Consultant

- **Find some way to communicate the concern**
 - Fax the note and give a copy to the patient if possible.
 - Or give copy of the EKG to the patient if abnormal.
 - Review their medications and have them bring to our appointment or at a minimum an updated list.
 - Many may soon be on the same EHR.

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- **Not getting an answer to your concern/question.**
 - Almost always because we didn't know the question or found something more concerning.
 - Failure of fax/EHR on our part.
 - Telephones still work well.

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- **Resist the urge to “help us out.”**
 - Most of the time, trying to order preliminary tests to speed up the process actually slows it down.
 - Lipids are the exception.
 - In cardiology, we need to see our own ECHOs, etc.
 - **This part is vitally important!**

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- Please just tell the patient they are having an evaluation.
 - Many often come with the expectation of a specific test and are unhappy if that test is not performed, even if inappropriate or unnecessary.
 - Recognize that most evaluations will require multiple visits.
 - Although common in the past, insurance approvals make same day testing less likely.

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- There is no such thing as a “routine” or “screening” stress test.
 - Many other tools provide equivalent or better data.
 - 10 year CV Risk Score
 - Coronary calcium measurements
- Stress testing an asymptomatic, nondiabetic patient with a normal EKG is rarely appropriate.

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- If risk assessment is the clinical question, we must know the following:
 - Age, gender, PMH, BP, meds, smoking status - we can easily obtain.
 - Lipids will let us complete the assessment.
 - Sending a copy of the lipids with the patient is also helpful.

What is Dr Jay's Ideal Consult Situation?

- A clear idea of why I am seeing the patient.
- An accurate medication list.
- A copy of an EKG, if abnormal.
- Recent labs to include lipids.

Thank You