



Maryland CHAPTER

Maryland Chapter
American College of Cardiology

1783 Forest Drive, Suite 238
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April 27, 2020

Governor Larry Hogan
100 State Circle
Annapolis, Maryland 21401-1925

Re: Care of cardiovascular patients in Maryland during the Covid-19 epidemic

Dear Governor Hogan:

The Maryland Chapter of the American College of Cardiology (MDACC) represents over 600 cardiologists, cardiac surgeons, allied professionals, and trainees throughout the State of Maryland. Our parent organization, the American College of Cardiology (ACC), represents 54,000 cardiovascular professionals throughout the world.

Our members have become increasingly concerned about reports of marked drops in patient presentation to emergency departments, hospitals, and ambulatory sites for urgent cardiovascular conditions, such as myocardial infarction, congestive heart failure, cardiac arrhythmias, and stroke, since the Covid-19 epidemic began. Reductions of 30-50% from expected rates have been reported.¹ Concern has been raised that patients may fear seeking care out of concern that doctors and hospitals are “overwhelmed” and that health care facilities are “unsafe” due to the risk of viral transmission. Such unwarranted fears may lead to delayed care and poor patient outcomes, such as heart failure, completed heart attacks and strokes, and sudden death. We have heard anecdotal evidence of some such cases occurring in Maryland, and local media have reported on this issue.^{2,3} On April 25, the New York Times published a front page article highlighting this problem’s national scope, with several documented examples of patient harm.⁴

The ACC has launched a campaign to help educate the public about the importance of seeking care for urgent cardiovascular symptoms⁵. A copy of the campaign infographic is enclosed. Leaders of the major American cardiology societies have also issued a recent press release on this topic (also enclosed).⁶ We would appreciate any assistance that your office could provide, whether at your daily press briefing or other venues and media, to amplify this critically important public health message. Our members are ready, willing, and able to take care of patients with serious cardiovascular conditions. We believe that our health care facilities in Maryland are safely able to deliver all needed care for patients with all conditions. Heart disease is not going to wait during this epidemic.

In addition, many of our members have expressed concern that long delays in “elective” cardiac tests and procedures will inevitably cause patient harm. Many cardiac tests and procedures, including heart catheterizations, pacemaker/ICD implantations, and valve replacements, are time-sensitive, and delays of six weeks have already occurred. Adding further delays will increase

backlogs, and increase the possibility of patients being “lost to follow-up” and not rescheduling. Other harms may result from these delays, including heart attacks, heart failure events, and unnecessary hospitalizations.

We note that your 3-Phase plan released on April 24 places resumption of elective procedures in the second phase. Given that we appear to be at least 2 weeks away from Phase 1, we are concerned that the present plan may result in total delays in care of 3 months or more for many cardiac patients.

We respectfully suggest that the State consider allowing the resumption of more time-sensitive “elective” procedures, including many cardiac procedures, in Phase 1 of the re-opening plan, contingent on facilities having adequate staff, equipment, and space to provide such care. We understand that the supply of personal protective equipment (PPE) remains an issue that your office has worked on diligently. This is greatly appreciated by all Maryland clinicians.

We thank the Governor for all that you and your office have done to lead our State through the Covid-19 epidemic. If you or your staff have any questions about these issues or our requests, please contact me.

Sincerely,



Joseph E. Marine, MD, MBA, FACC
President

Cc: Robert R. Neall, Secretary, Maryland Department of Public Health

References

1. Garcia S, Albaghdadi MS, Meraj PM, et al. Reduction in ST-Segment Elevation Cardiac Catheterization Laboratory Activations in the United States during COVID-19 Pandemic. *J Am Coll Cardiol*. 2020 Apr 9. pii: S0735-1097(20)34913-5. doi: 10.1016/j.jacc.2020.04.011. <http://www.onlinejacc.org/content/accj/early/2020/04/07/j.jacc.2020.04.011.full.pdf?download=true>
2. Hallie Miller, “Maryland doctors sound the alarm after seeing drop in heart attacks and strokes amid coronavirus pandemic.” *Baltimore Sun*, April 20, 2020. <https://www.baltimoresun.com/coronavirus/bs-md-maryland-cardiologists-see-drop-in-heart-patients-20200420-4ikfqg6dh5eqhmjes2oosrtpx4-story.html>
3. Lisa Robinson, “Patients who need care shouldn’t avoid hospital amid coronavirus, doctors say. WBAL-TV11 News, April 22, 2020. <https://www.wbal.com/article/coronavirus-patients-who-need-care-shouldnt-avoid-hospital/32241199>
4. Gina Kolata, Amid the coronavirus crisis, heart and stroke patients go missing. *The New York Times*, April 25, 2020. <https://www.nytimes.com/2020/04/25/health/coronavirus-heart-stroke.html>
5. <https://www.cardiosmart.org/coronavirus/content/do-not-ignore-heart-symptoms>
6. <https://www.acc.org/latest-in-cardiology/articles/2020/04/22/13/36/the-new-pandemic-threat-people-may-die-because-theyre-not-calling-911-coronavirus-disease-2019-covid-19>