eAppendix. Cardiology Section Consult Review Process

On a daily basis, a provider will compile a list of both consults and E-consults to GNV Cardiology service. All referrals will be reviewed with the following consult topics and recommended dispositions. If appropriate, consults may be converted to E-consults by the provider.

**Advanced Practice Provider Review:**

<table>
<thead>
<tr>
<th>Consult Request</th>
<th>Confirm Finding</th>
<th>Disposition</th>
<th>Sample response to ordering provider</th>
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</thead>
<tbody>
<tr>
<td>Consult from area outside Gainesville</td>
<td>Patient Location</td>
<td>Forward consults as appropriate to Lake City, Jacksonville, or the Villages</td>
<td>No specific reply needed</td>
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<tr>
<td>Consult request for a patient seen by Cardiology in the last 60 days</td>
<td>Clarification in plan: Discontinue consult, addend patient note to the Cardiology provider/physician for management or return visit New/change in plan: Convert to e-consult and complete as new request</td>
<td>No specific reply needed</td>
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<tr>
<td>Request for services already provided:</td>
<td></td>
<td>Discontinue duplicate consultation</td>
<td>No specific reply needed</td>
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<tr>
<td>• Patient already seen by cardiology</td>
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<td>• Duplicate referral</td>
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<tr>
<td>Request to evaluate patients not yet seen or evaluated by primary care (as per service agreement)</td>
<td>Confirm appropriate testing (echo, stress, etc.) has not yet been performed</td>
<td>Discontinue consult, refer provider to the PC-CV service agreement with test recs</td>
<td>“Per the primary care-cardiology service agreement, primary care will manage the evaluation of [enter complaint]. Suggested testing may include: [enter test suggestions]. Please let us know if the tests reveal any abnormalities which require further evaluation in our clinic.</td>
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</tbody>
</table>
| • Dyspnea  
• Fatigue  
• Atypical chest symptoms  
• Palpitations  
• Murmur  
• ASx sinus brady  
• Syncope/near syncope  
• Edema | | | |
| Request for services clearly in need of CV management  
• New onset atrial fibrillation  
• New onset LV dysfunction | Confirm diagnosis is true and new (ECG read may be incorrect) | Receive consult, refer to HF, EP, or interventional clinic dates, if appropriate | No specific reply needed |
| Request for advanced CV services from other CV providers (Jax, LKC, Villages):  
• TAVR Evaluation  
• ICD Evaluation  
• CHF management  
• AFib/rhythm management | Confirm relevant diagnostics (echo, cath, hospital records) are complete and available | Receive consult, refer to HF, EP, or interventional clinic dates, if appropriate | No specific reply needed |
| Request for post-hospitalization or post-PCI follow-up | Confirm request was suggested by Cardiology or is clinically relevant | 1. Receive consult, refer to HF, EP, or interventional clinic dates if appropriate  
2. Stable patients on adequate meds may be managed without visit  
3. Consider referral to Home-Based Cardiac Rehab | No specific reply needed |
| Request for coronary angiography from CT surgery | Order cardiac catheterization, order appropriate pre-procedural labs if not current, clinic visit GENERALLY not necessary | No specific reply needed |
**Physician Review**
After review by the provider, a physician will review the remainder of consults for patient care questions which could be reasonably managed through an e-consult or to clarify questions regarding the directions above.

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<tr>
<td>Incidental finding of coronary calcium on XR, CT, or other imaging test</td>
<td>Confirm patient has no symptoms</td>
<td>Convert to E-Consult and recommend medical management for primary prevention of CAD</td>
<td>“Coronary calcium indicates the presence of atherosclerosis. In the absence of symptoms this can typically be managed with medical therapy (aspirin and statin) and risk factor modification”</td>
</tr>
<tr>
<td>ECG Interpretation</td>
<td>Review ECG</td>
<td>Convert to E-Consult and review ECG</td>
<td>No specific reply needed</td>
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</tbody>
</table>
| Preoperative Evaluation                                 | Review for evidence that referring provider used the Preop template | • Discontinue or convert to E-Consult for asymptomatic patients, low risk procedures, patients without known heart disease (as per pre-op template)  
  • Patients with unknown METs can be referred for testing, if appropriate | “Based on the information provided, a face to face visit with cardiology is not necessary for this low risk procedure. Please complete the pre-op consult request template in CPRS and reconult if questions remain” |
| Anticoagulation prior to procedures                     | Confirm low risk of stroke:            | Convert to E-Consult if possible, recommend anticoagulation may be briefly interrupted without heparin bridging if low risk | “Based on the patient’s CHADS2VASC score of XX and no prior history of stroke, anticoagulation may be interrupted for the procedure. Please continue ASA through the perioperative period” |
  • No history of stroke AND  
  • No mechanical valve AND  
  • No other indication for anticoagulation AND  
  • CHADS<4, CHADS2VASC<5
| Request to hold aspirin or clopidogrel/ticagrelor/prasugrel/etc. for procedures | Review chart for indication for drugs. (ACS, prior PCI, stroke, PAD) | • Convert to E-consult if Neuro or Vascular indication and needs to be reviewed by their service  
• Patients without Hx of ACS/PCI/CABG may interrupt all antiplatelet therapy  
• Patients with prior PCI for ACS or with DES should remain on DAPT for 1 year without interruption  
• Patients with prior BMS PCI > 1 month ago or DES PCI > 6 months ago for stable angina may interrupt DAPT but must remain on ASA  
• Restart antiplatelet therapy as appropriate for the planned procedure | “Based on patient history of PCI over one year ago, XXX may be interrupted for the planned procedure. ASA needs to be continued through the perioperative period.  
“Given the elapsed time since the last coronary stent, dual antiplatelet therapy does not need to be restarted after the procedure.” |
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<tr>
<td>Other clinical questions</td>
<td>Respond as appropriate either receiving the consult request or converting to E-consult</td>
<td>Response as appropriate</td>
<td></td>
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</tbody>
</table>
Abbreviations
ACS    acute coronary syndrome
CAD    coronary artery disease
CV     cardiovascular
DAPT   dual antiplatelet therapy
DES    drug eluting stent
ICD    implanted cardioverter-defibrillator
LV     left ventricle
PCI    percutaneous coronary intervention
TAVR   transcatheter aortic valve replacement

References
Duration of dual antiplatelet therapy Guidelines, Levine JACC 2016;68:1082
Perioperative CV Evaluation and Management Guidelines, Fleisher JACC 2014;64:e77
Stable Ischemic Heart Disease Guidelines, Fihn JACC 2012;60:e44
Atrial Fibrillation Guidelines, January JACC 2014;64:e1
Valvular Heart Disease Guidelines, Nishimura JACC 2014;63:e57
Other ACC Guidelines