
Speaker 1: [00:01](#) Quality improvement in the time of COVID-19 is brought to you by the American Heart Association with support from Novartis pharmaceuticals. As physicians, scientists, and researchers worldwide struggle to understand the COVID-19 pandemic, the American Heart Association has developed its COVID-19 CBD registry powered by Get With The Guidelines to aggregate data and aid research on the disease, treatment protocols, and risk factors tied to adverse cardiovascular outcomes. For more information, visit us at heart.org/covidregistry.

Sandeep Das: [00:32](#) Hello and welcome to the American Heart Association podcast series on quality improvement in the time of COVID-19. My name is Sandeep Das and I'm a cardiologist at the University of Texas Southwestern Medical Center in Dallas. In addition to clinical work, I spend a lot of time thinking about systems approaches to how to improve quality of care. Today we're going to talk about another aspect of providing high-quality care in the time of COVID-19.

I have the pleasure of hosting Dr. James de Lemos, professor of medicine here at UT Southwestern and an internationally known expert on acute coronary syndromes and cardiac biomarkers. James has been a mentor and friend of mine for more than 15 years and together we serve as the co-chairs of the steering committee of the American Heart Association COVID-19 cardiovascular disease registry, powered by Get With The Guidelines. Our clinical and research portfolios, our family lives, and everything when COVID hit. And I think the genesis of this registry was just sort of human need to do something in the face of a pandemic when we weren't really on the front lines. That was really what got us started. But that's sort of how I got into this whole COVID story.

Sandeep Das: [01:58](#) So looking back at that time myself I was so struck by how fast and effective the American Heart Association team was in building a new national registry really from scratch, I'll be it powered by the existing Get With The Guidelines infrastructure. Can you talk a little bit about how the registry was launched and how it's grown?

The wearable stuff is fascinating. I'm a both optimistic and skeptical, I guess I would say. I'm optimistic because the technology's pretty amazing and obviously offers the ability to democratize. My skepticism is sort of based on the fact that I haven't yet really seen it translate into meaningful differences in either research studies, for the most part, or even in clinical practice in terms of wh(\$)^{1.3} vweaco l ito sw'sa(\$)^{1.3} vt es oartn sce in32.3 (c)^{1.9}

of how to handle palliative care during the pandemic, including
using telehealth and communicating with familiesT0 g-0.004 T6 0.0

And then of course there's a lot of support services within the hospital that extend far beyond clinicians to things like environmental services or other clinicians like physical therapy and occupational therapy, people that are in the room seeing these patients every day while we're doing cardiology consults over the virtual connection.

So I do also want to echo the appreciation for the enormous amount of work and sacrifice that has gone in on the part of so many people to help us get through this pandemic. So thanks. It's been a really interesting discussion. I enjoyed it. Appreciate your taking the time to come here and share your perspective as a leader in this area with us and thanks.

Speaker 1:

[22:27](#)

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