Telehealth Heart Failure Clinics for access, equity and accelerated uptitration in Hawkes Bay, New Zealand.

**Background:** Heart Failure with reduced ejection fraction has guideline-directed medical therapy targets which have independent and additive clinical benefits. Despite these known benefits, the translation of evidence into clinical practice remains challenging. The 4 pillars of HF therapy needs timely input from specialist teams regardless of patient’s place of residence, access or inequities to improve health outcomes.

The prevalence of HF and associated mortality is higher in Māori. Therefore the burden of HF is unevenly distributed across New Zealand by ethnicity and also geographically with higher percentage of Māori living rurally. In view of climate change and natural clamities, access can be further hindered. Telehealth should improve the ability to provide access. The aim of this pilot is to investigate Teleheath as a way to increase the access and equity in care delivery plus accelerated uptitration for HF cohort.

***Method:*** Telehealth Services use remote monitoring for integrated care model which involves virtual consults, patient education, medication management and psychological support. A systematic approach is established for early identification of suitable patients. Weekly HF consults done remotely until on maximum tolerated doses. 8 Devices in total funded for the region which are exchanged between patients once care is completed.

**Results:** Telehealth clinics cohort size is 25 patients to date which has helped us to accelerate the medication uptitration in 4-6 weeks timeframe, compared to 3-6 months on average previously. Additionally improved patient experience, engagement and adherence to treatment.

**Conclusion**: Telehealth has provided us another way to improve service delivery, increase access and equity of care to our HF patients.