

Short Communication

Cardiovascular illness (CVD) is the leading driver for disability and mortality, and is related to the high burden of medical expenditure in the United States [1]. Roughly one of every three patients can be attributed to CVD, and over 90% of CVD disability and mortality is preventable through lifestyle changes. As of 2012, the leading risk factors for CVD are smoking, and absence of exercise. The burden of CVD and patient health expenditure of CVD in the US is estimated to be over \$200 billion for each year [2]. Additionally, the normal health expenditure for inpatient coronary artery disease (ACS) is estimated to be over \$20,000 per patient per year. Primary prevention of CVD, both behavioral and medical, are required.

Web and advanced mobile health have dramatically influenced the previous decade, opening up the likelihood of a health-related predominant innovation in the form of digital health. Computerized health information (DHI), including mobile health, telemedicine, electronic health records, email, cell phone, portable applications, e-learning, and checking in, are the latest tools of a patient-centered medical care model of the delivery of clinical foundation, and improve individualized care through continuous change. The American Heart Association has proposed an agenda of DHI in the coming years, for example, smoking cessation, personal health management, diet, exercise, HbA1c, blood pressure, and weight reduction, proof of concept for the adoption of DHI on CVD health care, not only inpatient CVD care, for example, CVD care, hospitalization, and all-cause mortality, but also in the management of chronic disease.

Cardiovascular infection (CVD) are the main cause of death worldwide. In 2016, the worldwide prevalence of CVD is estimated to be roughly 470 million and there are around 17.6 million patients with CVD overall. Moreover, the burden of patients with CVD has expanded about 15% since 2006 and 2016, and this expansion is predominantly due to an increase in the burden of ischemic heart disease. Significantly, more than 3/4 of the increase in deaths and disability burden, the cardiovascular death rate are generally higher than those in high-income nations [4]. The term CVD encompasses a wide range of infection, including infectious coronary

illness, cerebrovascular disease, hypertension, and coronary artery disease, among others. Most of CVD is identified as a blend of social and behavioral risk factors. Significant modifiable risk factors include smoking, alcohol consumption, and diet. The burden of CVD is a leading cause of death and disability in the United States. The leading risk factors for CVD are smoking, and absence of exercise. The burden of CVD and patient health expenditure of CVD in the US is estimated to be over \$200 billion for each year [2]. Additionally, the normal health expenditure for inpatient coronary artery disease (ACS) is estimated to be over \$20,000 per patient per year. Primary prevention of CVD, both behavioral and medical, are required.