Video BP Visit Overview

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Overview

The Video Blood Pressure Visit (VBPV) project is a three-year Enterprise-Wide Initiative funded by the Office of Rural Health (ORH) and coordinated through the Office of Primary Care. Video Blood Pressure Visits (VBPV) allow patients to receive high-quality nursing care for chronic diseases such as hypertension in their homes or their location of choice.

Video Blood Pressure Visits-

- Save the patient the risk of exposure to infectious diseases, the time and cost of travel, the cost of childcare or time off work, and the copay for the visit.
- Provide an opportunity to expand PACT VVC utilization—building the foundation for other virtual PACT team visits.
- Allow for entry of visualized, tele-blood pressure measurements into the medical record for clinical and performance reporting. It counts!

Join the MS Team for Video BP Visits for more information
Video Blood Pressure Visits
Making It Count!!!

On 25 May 2018, VACO Performance Accountability Workgroup approved entry of visualized, tele-blood pressure measurements into the medical record for clinical and performance reporting.
Hypertension Clinical Reminder Updates

- HEDIS recently updated the reminder to include patient self-reported BP readings.
  - Self-reported readings will meet the EPRP & eQM measures if the reading is the **most recent** and <140/90
  - EPRP changes have been made but eQM changes are still pending
  - Self-reported readings recorded in the national Clinical Reminder from 11/30/20 onward will be accepted.

- Face to face readings and readings visually observed are entered into the VS package.
  - Observed in real time, using a VA issued device, clinician ensures proper technique and visualizes the measurement

- Patient reported BP readings (includes those transmitted directly via Home Telehealth) are NOT to be entered into the VS package, only in narrative notes and the national HTN Clinical Reminder.
So why are Video BP Visits still important?

• Not on the cover sheet = less value added for everyone (team + Veteran)
  • Gap between visits increased during COVID
  • Provides meaningful addition to keep care on track (titrations, renewals)
• Combine both clinic and home measurements- complete the clinical picture
• Video visit quality
  • Assessment
  • Engagement
  • Education Cues
• Great way to start! For both VA staff and Veterans
• The Why- What is the best thing for the Veteran?
Innovative Implementation Experience

Nursing Process as the Change Process

- Assessment
  - Current state evaluation
  - Gap assessment
- Planning
  - Short term/long term goals
  - Disconfirming currently held beliefs
  - Providing psychological safety
- Intervention
  - Sharing information
  - Coaching
  - Changing team dynamics
  - PDCA
- Evaluation
  - Apply to Proficiency

Nursing Professional Development

- RN and LPN focus
- Emphasis on how each stage applies to nursing practice and VA nursing career ladder
- NPSB education
- Completing a performance improvement project
- Applying experiences to proficiency
A great place to start…..

Imagine the possibilities once PACT clinicians have acquired the skill of virtual care

- Same day urgent care
- WAVE/Nursing Intervention visits for chronic conditions
- Virtual warm hand offs to extended PACT
- Post hospital discharge
- Medication review
- Improved suicide risk assessment through evaluation of environment and resources
- Social Work home assessments

### Video Blood Pressure Visits

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## Primary Care Nurse Video Visits

### Encounter As of 3/19/21

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### PC Total Nursing VVC

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VISN 4 PC Nurse VVC

COVID

START VBPV

Nursing Service Providers (Licensed Practical Nurse)

Nursing Service Providers (Registered Nurse)
A national note title (VIDEO BLOOD PRESSURE VISIT) and template has been released for upload by Clinical Application Coordinators at all facilities.

Template includes required documentation for telehealth encounters.

The BP entered here transfers to the VS package and is counted for HEDIS (measures & EPRP).
Potential Implementation Benefits for Facilities

- RN/LPN VBPV can be used to extend empaneled patients
  - Patient must be assigned to RN/LPN in PCMM & an encounter must be completed

- Improve HEDIS outcomes

- Proactive panel management strategies (eQm outliers, patients with BP meds due for renewal soon via renewal report, High Risk ACSC patients)

- Teaching VVC using a BP visit prepares the patient to use VVC with ease when more urgent needs arise (easier to learn when not stressed)

- Incorporating VBPV into PACT care has been demonstrated to increase virtual care integration with PACT overall, even to extended PACT team members
Ideal Implementation Model & Benefits for Designated Champions

• Identify at least 1 champion per site
  • 2 hrs of dedicated time per week for 8 wks

Benefits for designated champions
• Ideal project for motivated nurses working toward promotion
• Mentoring support will be provided to:
  o Touch on each element of nurse practice standards
  o Develop problem/response/outcome statements specific to the champion’s site/experience
  o Determine next steps for project sustainment as a facility subject matter expert
• Be part of a new community of practice for the nursing profession
1. Introduction
2. Review Baseline Data, make an action plan
3. Appointment Roles and Flow
4. Checkpoint- revise the plan
5. Virtual Population Management
6. Coding and Billing 101
7. Nursing Development/Proficiencies
8. Final Review and Sustainment Strategies
Questions?
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Margaret.Carrico@va.gov
Video BP Visit TEAMS