

5. PAYING FOR NURSING CARE

5.1 Reform fee-for-service payment models by ensuring that the Current Procedure Terminology (CPT) code set includes appropriate codes to describe and reimburse for such nurse-led services as case management, care coordination, and team-based care to address behavioral health, addiction, SDOH, and health equity, and that the relative value units (RVUs) attached to the CPT codes result in adequate and direct reimbursement for this work; reimbursing for school nursing; and reimbursing for school nursing; and enabling nurses to bill for telehealth services.

1. Key Strategic Stakeholders

Nursing Organizations

Tri Council for Nursing

Health Care Organizations

American Health Information Management; Payors (Public and Private); Health Care Financial Management Associations

Non-profit Organizations

Institute for Healthcare Improvement

Federal Government

Centers for Medicare and Medicaid Services

State, Local Government

State Children's Health Insurance Program; Joint State Commissions looking at Long-Term Care

Education

School Health Nurses

Other

AARP; Behavioral Health/ Addiction Organizations; Black Directors of Health Care/Equity; Consumer organizations; Stakeholders in billing/Electronic Health Records; Companies that are paying nurses for employee wellness

2. Top 3-5 Actions for 2021

- A. Develop the return-on-investment case (evidence there but needs to be aggregated.....).
- B. Create inventory of existing nurse-led care models in all settings (including school-based, behavioral health and addiction).
- C. Develop consumer stories of benefits.
- D. Unique Identifier needed and incorporated into billing.
- E. Pay for nurses for coordination between Advanced Practice Registered Nurses and Registered Nurses/Licensed Practical Nurses providing home/nursing home care.
- F. Explore international models of nurse-led care and evidence base of benefits of shifts to more primary/preventive care.

3. Top 3-5 Actions for 2022

- A. Whole payment system needs re-evaluation.
- B. Coverage for all.
- C. Make nurses decision makers in group that sets Relative Value Units and Current Procedural Terminology codes.
- D. Nurses should be able to bill for community-based education and screening, including for social determinants of health (including faith community care). This could be a per-capita payment or fee-for-service.
- E. Need to differentiate payments for population-based services vs individual.

4. Success Indicators

- Measurable improved outcomes for those on Medicare/Medicaid/Veterans.
- Measurable improvements in health equity and reduced disparities (including mental health and addiction).
- Reductions in hospital visits, re-admissions.