

# FUTURE OF NURSING™

## Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA



Robert Wood Johnson Foundation

**AARP** Foundation®

## Recommendation 5

### PAYING FOR NURSING CARE

## Recommendation #5 PAYING FOR NURSING CARE

Federal, tribal, state, local, and private payers and public health agencies should establish sustainable and flexible payment mechanisms to support nurses in both health care and public health, including school nurses, in addressing social needs, social determinants of health, and health equity.

#	Sub-Recommendation
5.1	Reform fee-for-service payment models
5.2	Reform value-based payment models
5.3	Reform alternative payment models
5.4	Create a National Nurse Identifier
5.5	Ensure adequate funding for public health nursing

## 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.

## 5. PAYING FOR NURSING CARE

5.2 Reform value-based payment by using clinical performance measures stratified by such risk factors as race, ethnicity, and socioeconomic status; supporting nursing interventions through clinical performance measures that incentivize reductions in health disparities between more and less advantaged populations, improvements in measures for at-risk populations, and attainment of absolute target levels of high-quality performance for at-risk populations; and incorporating disparities-sensitive measures that support and incentivize nursing interventions that advance health equity (e.g., process measures such as care management and team-based care for chronic conditions; outcomes such as prevention of hospitalizations for ambulatory care-sensitive conditions).

### 1. Key Strategic Stakeholders

#### Health Care Organizations

American Medical Association; Hospitals/health systems/psychiatric settings

#### Non-profit Organizations

National Quality Forum and other quality groups

#### Federal Government

Centers for Medicare and Medicaid Services; Federal Quality Health Centers; Joint Commission; Indian Health Service; Veterans Administration

#### State, Local Government

State Medicaid Offices

#### Education

Health services research sector; National Institute of Nursing Research; School Health Nursing

#### Other

Community based organizations; Consumer organizations (AARP); Federal/state/private prison systems; Private Payers; Public Health Agencies; Retail clinics/urgent care; Rural organizations; Social justice organizations (NAACP, Human Rights Campaign, etc); Technology companies (new markers in systems)

### 2. Top 3-5 Actions for 2021

- A. Develop a plan to convene key players with expertise in this area; including nursing, Centers for Medicare and Medicaid Services, health services researchers (key expert meeting).
- B. Plan a scoping review – what exists at federal/state and local levels (what are the data we need; how do we get it?). Who would do this? Health Resources and Services Administration?
- C. Meet with Health Resources and Services Administration, America's Health Insurance Plans and Centers for Medicare and Medicaid Services – get this on their radar screen and get commitment to working on it.
- D. Obtain funding.
- E. Urge nursing orgs to raise this issue with their memberships; how do you show you're providing value and how does nursing's work get acknowledged and recognized? Tying quality to outcomes and payment.

### 3. Top 3-5 Actions for 2022

- A. Conduct scoping review – including Gap analysis, how nursing interventions add value. Also include identifying clinical environments that are driving improvements in patient outcomes through nursing interventions and contribute to reducing health disparities (American Organization for Nursing Leadership /magnet hospitals/long term care).
- B. Convene stakeholder meeting to develop roadmap for work.
- C. Nursing organizations to hold sessions at their annual meetings on clinical performance measure that address health disparities.

### 4. Success Indicators

- Scoping review completed.
- Roadmap completed.
- Risk-adjusted measures developed.
- Improvement in at-risk populations – evidence the disparities are reduced.
- Policy changes at federal/state/local and private insurer levels.

## 5. PAYING FOR NURSING CARE

5.3 Reform alternative payment models by providing flexible funding (capitated payments, global budgets, shared savings, per member per month payments, accountable health communities models) for nursing and infrastructure that address SDOH; and incorporating value-based payment (VBP) metrics that enable nurses to address SDOH and advance health equity

### 1. Key Strategic Stakeholders

#### Nursing Organizations

American Nurses Association/State Nurses Associations

#### Non-profit Organizations

National Public Health Association; National Rural Health Association; American Medical Association;; American Hospital Association; Disability Groups

#### Federal Government

Agency for Healthcare Research and Quality; Centers for Medicare and Medicaid Services-Center for Innovation

#### State, Local Government

Governors; National Governors Association; State Legislators

#### Other

AARP and other consumer groups; Big Employers – Walmart, Costco, Disney, Amazon etc.; Commercial Payers; Pacific Business Group (as example); Thought Leaders such as Mark McClellan

### 2. Top 3-5 Actions for 2021

- A. Identify & engage stakeholders to collaborate on developing “actions”.
- B. Identify objectives that all “thought leaders” are saying and align with how nursing care can help meet these objectives.(Possibly use DNP/PHD students to identify objectives and complete lit review which can support integration of nursing into new care/payment models.)
- C. Identify and engage in collaborative/s which focus on new payment models such as the “Health Care Payment Learning and Action Network” and the urban and rural economic development collaborative/s.
- D. Disseminate and Examine Centers for Medicare and Medicaid Services reports for incorporation/further development of short- and long-term actions:
  - Social Determinants of Health (2020)
  - Value Based Care (2021) to ascertain actions to address paying for nursing care.

### 3. Top 3-5 Actions for 2022

- A. Launch a plan with identified stakeholders to address recommendations.
- B. Identify nursing components of public health (governmental and non-governmental) and provide cost estimates for them. “Costing out” nursing components of the minimum package of public health services may provide an idea of the main needs for additional public health funding\* (Betty Beckmeier connection).
- C. Identify how the creation of healthy communities (esp. rural health) is linked to nursing interventions.

### 4. Success Indicators

- Equity underlies all actions and strategies.
- New Alternative /Diverse payment models incorporate nursing.
- Centers for Medicare and Medicaid Services Center for Innovation incorporates value-based payment metrics that enable nurses to address SDOH and advance health equity.
- Thought Leaders incorporate nursing into their advocacy actions/plans.
- Answers to the Questions: What is American losing for NOT paying for nursing care?

## 5. PAYING FOR NURSING CARE

5.4 Create a National Nurse Identifier to facilitate recognition and measurement of the value of services provided by RNs.

### 1. Key Strategic Stakeholders

#### Nursing Organizations

All, including national, state, and local. Alliance for Nursing Informatics; National Council of State Boards of Nursing (NCSBN); state boards of nursing

#### Federal Government

Centers for Medicare and Medicaid Services (CMS)

#### Others

American's Health Insurance Plans (AHIP), Employers; Insurance companies; Labor organizations, Vendors

### 2. Top 3-5 Actions for 2021

- A. Clarify the rationale for the NCSBN identification vs. CMS National Provider Identifier (NPI) number – and/or using both.
- B. Understand security issues of integrating a private system of ID into a public system, and the implications of access to licensure information by anyone with access.
- C. Review status/results/findings of Alliance for Nursing Informatics pilot programs, ( e.g. HCA), and understand rationale.

### 3. Top 3-5 Actions for 2022

- A. To understand the national nursing organizations' current positions on the NPI, convene a meeting designed to get a consensus regarding approach. (NB: ensure community-based care is represented, at the table, e.g. school nurses, public health nurses.)
- B. Based on consensus approach in A, convene a meeting with other stakeholders (CMS, NCSBN, AHIP) to achieve consensus.
- C. Education of stakeholders, leaders about pros and cons of each option.

### 4. Success Indicators

- Have reached decision on NCSBN ID vs. CMS NPI number.
- Begin to execute implementation based on that decision.
- Develop and execute an education campaign for students and nurses

## 5. PAYING FOR NURSING CARE

### 5.5 Ensure adequate funding for public health nursing

Federal, tribal, state, local, and private payers and public health agencies should establish sustainable and flexible payment mechanisms to support nurses in both health care and public health, including school nurses, in addressing social needs, social determinants of health, and health equity.

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#### 1. Key Strategic Stakeholders

#### 2. Top 3-5 Actions for 2021

#### 3. Top 3-5 Actions for 2022

##### Nursing Organizations

State School Nurse/Public Nurse Associations

##### Health Care

Hospital Associations; Hospitals; Major Health Systems (e.g. Nationwide in Ohio); 3rd party insurers (Healthy Community/Healthy Schools)

##### Non-profits

National Association of State Medicaid Directors; National Association of School Superintendents; National Governors Association;

##### Federal Organizations

Centers for Medicare and Medicaid Services; Congressional Budget Office; Department of Education; Federally Qualified Health Centers; Legislators

##### State Organizations

Community and Economic Development; Health Departments; Legislators; Local budget overseers; Tribal & State Medicaid Director; Workforce Investment Boards

##### Other

Accountable care organizations

- A. Assessment of state landscape on funding and billable services, managed care including documentation systems that capture billable services and alternative payment possibilities.
- B. Identify exemplars in funding for school nursing/public health (In Ohio-Columbus, Toledo, Akron hospitals pay for School Nurses) (Delaware School Nurses included in State Code with funding allocated).
- C. Understanding the funding stream process.
- D. Advocacy for current proposed funding for school nursing with strategic partners (e. g. Lauren Underwood).
- E. Create an advocacy plan regarding use of COVID-19 relief funds.

- A. Research-what is the best staffing model for school nurse/public health nurses?
- B. Build upon partnership with CMS for billable services and identifying total cost of care which would pay for school nursing, including outcomes (mental health , asthma, preventive services, obesity), find and use current data sets.
- C. Advocacy and communication plan for sustainability of funding (especially COVID fund use).
- D. Federally require states to include school nurse care in all managed care plans.
- E. Tie in school nurses and public health nurses in community health plans.

#### 4. Success Indicators

- Identify number of School nurses & public health nurses and increase benchmark yearly.
- Identify current funding and increase benchmark funding streams for school nursing /public health.
- Identify billable services and increased billable opportunities, highlight SN in alternative payment models.