

## 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.