

# Value Based Payment and Nursing

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## Overall goal for today – Understand what VBP is and how goals differ from traditional reimbursement. Use maternal care model work at HCA

- Context: Why we care
- Care model goals and identified levers for VBP approach
- What is most important in terms of priorities for VBP and nursing roles and functions in transforming health system models?

### What is VBP and why do we want to learn about how it affects nursing

It's easy to get lost in the lingo, and myriad similar terms can cause confusion. In the end, it's all about paying for better quality while containing cost growth.

Nursing plays a role in identifying their roles and responsibilities in team-based care and targeting optimum work flow to achieve high quality, team-based care. Nurses play a critical role in staffing and managing teams and workflow to drive toward high value, high quality and high patient experience performance.

**Fee for service:** when a provider for each service they provide, regardless of quality or patient's need for care.

**Value-based purchasing:** when a health care provider is paid for providing high quality, high value care

**When we say “Value-based Purchasing”, we are talking about *Contractual arrangements* between a purchaser (e.g., Apple Health, PEBB, CMS) and its contractors and partners (e.g., managed care organizations, TPAs) that incentivize them to meet specified value-based targets that may include: quality, cost, access, patient and provider experience, and other value-based metrics**

### Value-based Payments are

**Payments made** between a payer or insurer (e.g., MCOs, commercial plans, self-insured employer, direct government fee-

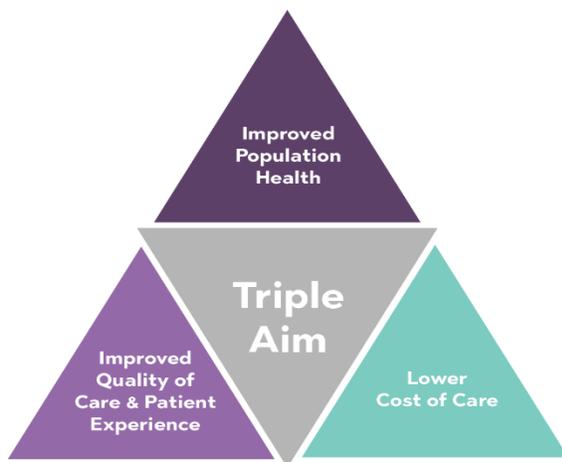
for-service programs) and a provider that reward providers for attaining specified value-based targets, that may include quality of care, cost, access, patient experience, and other metrics

### Value-based Care then is

**Care delivered** by providers to consumers with an emphasis on quality and value as opposed to volume, particularly when delivered as part of a value-based payment arrangement

### VBP supports achieving the Triple Aim by

- Reducing unnecessary and low-value health care (lower cost)
- Rewarding preventive and whole-person care (better health)
- Rewarding the delivery of high-quality care (better quality and experience)



### Maternal care model example:

Plan to utilize VBP structure across the prenatal, L&D, and year postpartum linking payments to improve performance in quality, patient experience and equity/diversity by health care providers.

- Incentivize high-quality, high-value clinical obstetric care that improves perinatal health outcomes and addresses racial and ethnic disparities
- Increase utilization of, and improve quality of prenatal and postpartum care
- Reduce maternal morbidity and mortality

- Reduce racial and ethnic disparities in perinatal outcomes
- Improve birth outcomes
- Increase care coordination between health care providers for birth parent and infant including leverage of the full 12 months of postpartum Medicaid coverage

VBP payment for maternal care model focuses current planning on an episode of care structure for the care episode from initiation of prenatal care through 3 months postpartum.

VBP in maternal care model offers flexibility in how payments and funding are used to develop roles and responsibilities for high value, high quality care models by providers and their teams. Nursing roles may be flexible and target optimizing role to maximum scope of practice in roles as team and service delivery leaders.



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