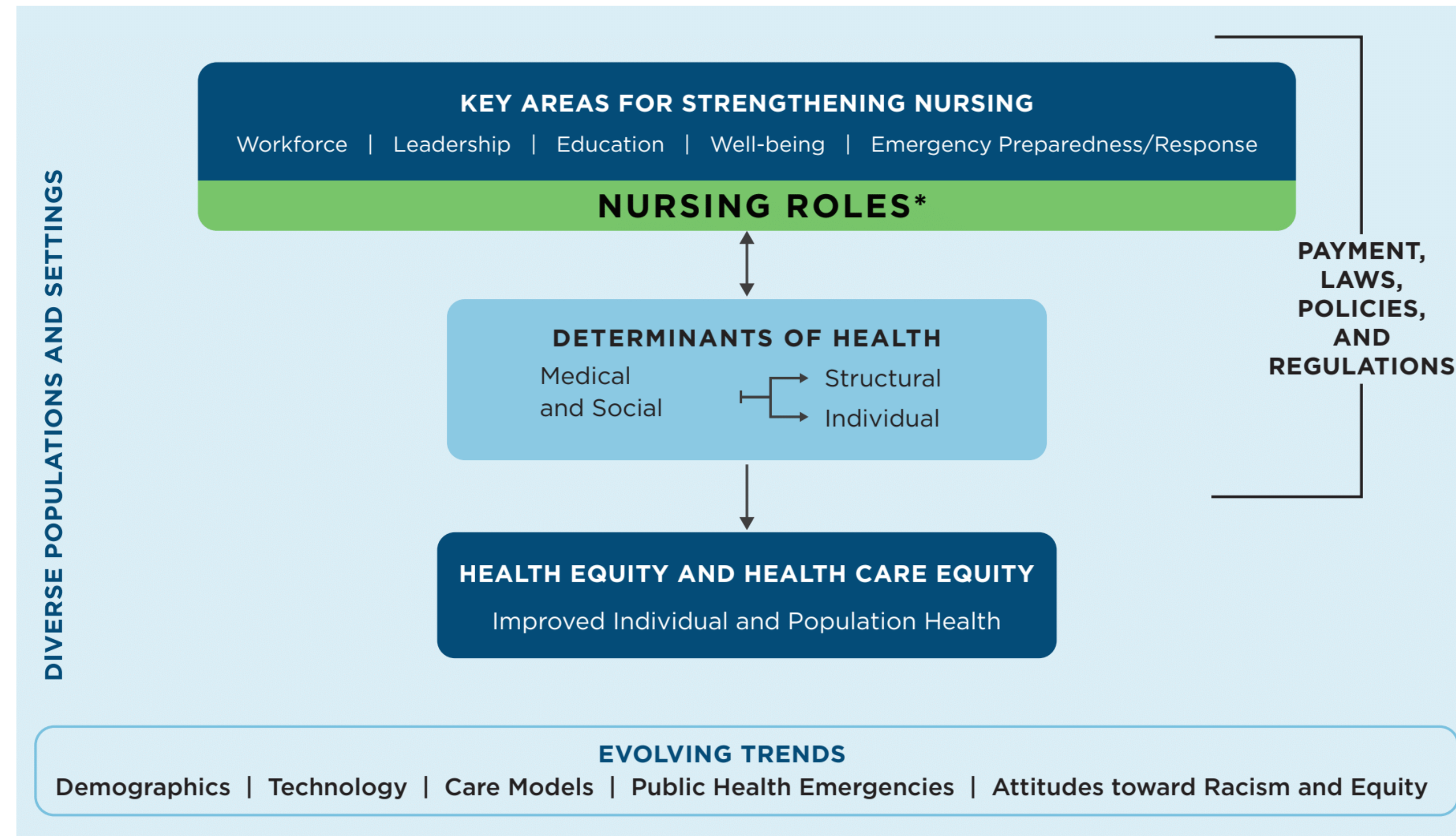# Overview of Effective Care Management Programs and Payment Systems

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Nurse Care Management and Team-Based Care Transitional Care

- Addresses medical and social needs
- Close monitoring and follow-up of patients
- Listen to patients and families
- Establish relationships and trust
- Adequate time
- Expanded scope of practice
- Telehealth

CareOregon Medicaid Health Plan C-TRAIN Transitional Care Model

- Hospital discharge to 30 days post-discharge
- Team-base care: RN and social worker
- Help patient navigate health system
- Reconcile medications
- Coach patients about health
- Educate
- Identify social needs – e.g. food insecurity, homelessness, insufficient clothing
- Establish relationships
- Link to primary care, specialists, and behavioral health

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Recommendation on
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.

- Reform fee-for-service payment models
- Reform value-based payment
- Reform alternative payment models
- Create a National Nurse Identifier
- Ensure adequate funding for school and public health nursing

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Fee-for-Service – Pay for each individual billed service (incentivizes volume)

- Include Current Procedure Terminology codes for nurse-led services and fairly reimburse
  - Case management, Care coordination
  - Team-based care
  - Behavioral health, addictions, social determinants of health, health equity
- Reimburse for school nursing
- Enable nurses to bill for telehealth

Value-Based Payment – Pay for quality and value (outcomes/cost)

- Use clinical performance measures stratified by risk factors like race, ethnicity, and socioeconomic status
- Support nursing interventions by incentivizing reductions in health disparities, improvements in care and outcomes for at-risk populations, high-quality care for at-risk populations
- Incorporate disparities-sensitive measures that support nursing interventions that advance health equity (e.g. – process measures for team-based care; outcomes such as preventing avoidable hospitalizations)

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Alternative Payment Models – Promote value and cost-efficiency; Organizations take on financial risk to deliver high-quality care at lower cost

- Example: Accountable care organizations (ACOs) are responsible for the health and costs of a predetermined population of patients
- Provide flexible funding (capitated payments, global budgets, shared savings, per member per month payments, accountable health communities models) for nursing and infrastructure that address SDOH
- Incorporate value-based payment metrics that enable nurses to address SDOH and advance health equity.

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School and Public Health Nursing

- Allow school nurses to bill Medicaid
- Finance public health to address SDOH with funding streams from multiple public and private partners
- Align incentives to address SDOH and advance health equity across health, public health, and social sectors
- Leverage nonprofit hospital community benefit requirement
- Make pay scales for public health nurses competitive; Equal pay for the same services provided

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