

SESSION 2: Transforming Cost into Value: Recognizing Nurses' Unique Contribution

Value the Unique Contributions of Nurses

Michael Aull : Since most direct care nurses are not reimbursed by insurance and included in bed cost. What do you suggest is a reasonable cost for a nurse that could be billed to the insurance or CMS?

Dr. Olga Yakusheva:

A reasonable amount would at the minimum cover the amount that organizations spend on nursing care. If spending on nurses is not fully covered by reimbursement, organizations will continue to cut nursing budgets. The amount should cover all organizational expenses, including nurse salaries, benefits, bonuses, funds spent on professional development (tuition reimbursement, cost of "non-productive time), etc. Reimbursement should also be tied to the quality of nursing care, so that better nursing outcomes are rewarded in addition to having their labor cost covered.

Dr. Katie Boston- Leary:

Determining nurses value is not solely based on reimbursement. We are in an environment where nursing resources are being managed as a cost which landed us where we are. Whether you get reimbursed or not, nursing's value is important to understand." If not I will ask her to respond to it again.

Deborah McIntosh: How do you quantify the value of nurses who practice using health promotion and prevention for outcomes in the community. There is no specific patient.

Dr. Olga Yakusheva:

There really is no fundamental distinction in the value of nursing care, be it in a hospital or community setting. The value of nursing care lies in proactive avoidance of bad outcomes and the resulting improvement in patient and population health outcomes. In hospital settings nurses work to prevent things like nosocomial infections, falls, decompensation; in community setting, nurses manage chronic conditions and engage in disease prevention in health promotion. Through avoidance of bad outcomes, nurses generate an enormous amount of benefit to the society—and that is nurses' value. There are two ways to quantify this value—one is to aggregate improvement in quality-adjusted life expectancy attributable to nursing care; the other is to quantify people's willingness to pay for nursing care (how much people would be willing to pay for nursing care if they could afford it). In our market-based healthcare economy, we largely use the latter method. Either way, the societal value of nurses is vast, enormous. The problem is, while the value of nurses accrues to the society, the cost of nursing labor falls on the organizations that employ nurses and who do not necessarily value high quality nursing care the same way as our society does. This is a key problem underlying the current nursing workforce crisis.

Tanya Drake : How does Gig work in a unionized setting?

Dr. Vicki Good:

This would need to be negotiated with the union. The benefit is you are paying your own employees the money versus relying on agency/travelers. Therefore, may see that as a benefit to the organization as you are keeping the money inside the organization.

Bridgit Potter: How do you think this is going to factor into the issues of safe staffing ratios and the national push to get each state to mandate ratios

Dr. Vicki Good:

If you want to add on about your pieces, feel free - also this is a very generic answer about NPIs because I feel the question is weird (there is not a national push to get each state to mandate ratios...so not sure how much education you want to do here)) A unique nurse identifier is one way we can increase our understanding the value of nursing. Researchers and nurse leaders have been utilizing data, including specific analyses that identify nurses specific role, function, value, time, and workforce trends to highlight how nurses are specifically used in healthcare. This data can be useful in discussion around minimum staffing standards, including legislation, specialty organization guidelines, etc.

Michael Aull : Should we not work to eliminate travel nurse cost and build compensation into staff options like your GIG option or bonus pay?

Dr. Vicki Good:

There will always be a need for agency/travel nurses, the goal is controlling that to only times of greatest need. GIG options do assist with decreasing the agency spend just as you have described.

Melissa Kelly : How do nurses not paid through Gig feel about compensation given to those paid through Gig (or do the Gig RNs end up averaging about the same)?

Dr. Vicki Good:

The message on GIG nurses must be handled upon start of the program. The GIG nurse is not guaranteed hours nor do that get benefits. A core nurse is benefit eligible and may have protections on work hours. This is a flexible work option for the nurses to be able to