

**ANA's**

# **Principles of Pay for Quality**

**Guidance for Registered Nurses**



Silver Spring, Maryland  
2010

# Summary

Today, in response to variations in the quality of health care and rising health care costs, many policy makers and purchasers of health care services are exploring and promoting pay-for-performance (P4P) or value-based purchasing (VBP) systems. There are multiple variations of Pay for Quality programs all with designs and strategies to refocus the health care system on cost-effective quality care. At the core of any program are the measures used to rate the provider's performance. *ANA's Principles of Pay for Quality: Guidance for Nurses* presents ten principles to guide the nurse in any Pay for Quality discussion.

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# Overview of Pay for Quality

- National Priorities Partnership Goals and Priorities
- ANA and Pay for Quality: Process and Participants
- Pay for Quality, Pay-for-Performance, and Value-Based Purchasing
- ANA Pay for Quality Principles: A Call to Action

## Overview of Pay for Quality

With growing national attention on the cost of health care and issues related to quality of care in the United States, it is not surprising that the federal government and selected health care insurers are looking at ways to clearly link payment to quality of care irrespective of settings. “High value” health care is the provision of high quality care by improving patient outcomes, while containing costs. Registered nurses (RNs), as members of the interprofessional team responsible for patient care in any kind of bundled payment system, will be able to contribute best to lower overall costs and improve outcomes if provided an opportunity to practice to their full professional scope. This is particularly true of advanced practice registered nurses (APRNs) who, in their capacity as primary care providers, can lead accountable care organizations, patient-centered medical/health care homes, and other integrated care systems to benefit the coordination of quality, efficient patient care.

### National Priorities Partnership Goals and Priorities

Nursing is (and has been) actively involved in discussions focusing on development of the National Priorities Partnership (NPP) goals and priorities, which were selected because they collectively and individually address four major challenges that are important to every American:

- Eliminating harm
- Eradicating disparities
- Reducing disease burden
- Removing waste

Nursing, along with the other NPP partners, has agreed to work with each other and with policymakers, health care leaders, and the community at large, to build on the NPP framework, and to develop actions in each of the major areas that will drive improvements needed:

- Performance measurement
- Public reporting, payment systems
- Research and knowledge dissemination
- Professional development
- System capacity

Today, in response to variations in the quality of health care and rising health care costs, many policy makers and purchasers of health care services are exploring and promoting *pay-for-performance* (P4P) or *value-based purchasing* (VBP) systems. There are multiple variations of Pay for Quality programs all with designs and strategies to refocus the health care system on cost effective quality care. At the core of any program are the measures used to rate the provider's performance.

### **ANA and Pay for Quality: Process and Participants**

A Pay-for-Performance Action Proposal was submitted, reviewed and discussed at the American Nurses Association (ANA) House of Delegates (HOD) in June, 2006. As a result, the HOD directed the ANA Board of Directors to investigate further the complexities and implications of pay-for-performance. The ANA Board in turn assigned the responsibility to the Congress on Nursing Practice and Economics (CNPE) workgroup. The CNPE Pay-for-Performance/Value-Based Purchasing workgroup has reviewed the literature; evaluated various Pay for Quality programs, their respective targets, type of measures collected, incentives offered and implications for nurses' practice; and analyzed the evolution of the pay-for performance movement. Key stakeholders—chief nursing officers and advanced practice registered nurses—were interviewed to validate understanding of pay-for-performance initiatives and to identify nursing implications and considerations for practice.

### **Pay for Quality, Pay-for-Performance, and Value-Based Purchasing**

Pay for Quality has evolved from the reporting of quality measures to the payment or non-payment for actual performance on those quality measures. The terms pay-for-performance (P4P) and value-based purchasing (VBP) are used to identify various methods that link payments to some measure of individual, group or organizational performance. An increasing number of purchasers and payors of health care services, including the Centers for Medicare and Medicaid Services (CMS) are embracing P4P/VBP strategies in an effort to improve the quality and cost-effectiveness of care while achieving high value for their health care dollars and thereby promoting high value health care.

The move toward greater use of P4P/VBP systems in the current health care environment presents a unique set of opportunities and challenges for health care providers including registered nurses. Registered nurses and advanced practice registered nurses, individually and collectively, confront the complex issues related to pay-for-performance. Both P4P and VBP are considered Pay for Quality, and both provide an incentive to an individual, group or organization for achieving a targeted outcome that impacts patient quality care.

Public reporting of quality performance initially began with CMS in 1984 with the reporting of hospital mortality rates of Medicare patients. By 2002, CMS had launched several quality initiatives for hospitals, nursing homes, and home health, dialysis and transplant facilities. Public reporting of quality measures was initially on a volunteer basis, with the exception of dialysis facilities that were required by CMS to report specific measures to participate in Medicare. Hospital participation was low until CMS instituted a payment incentive for public reporting, and the program became Pay-for-Reporting. Compliance increased from a hospital participation rate of 10% to 95% after the incentive was implemented.

The CMS Pay-for-Reporting program then expanded to pay-for-performance beginning in October 2008, with their hospital-acquired conditions policy that eliminates some Medicare payments for selected inpatient adverse events. Value-based purchasing is when “buyers of health care” hold providers of care responsible for the quality and cost of care. VBP programs include pay for reporting and pay-for-performance in the public and private sectors, with CMS being the largest purchaser of care and supporting various demonstration projects.

## ANA Pay for Quality Principles: A Call to Action

There are multiple Pay for Quality programs and demonstration projects in both the public and private sectors wherein the incentive can be in the form of a financial payment, increased referrals, or financial penalties for the absence of particular outcomes. The ANA Pay for Quality Principles are a call to action to allow nurses in all settings to have the ability to recognize their contributions to the discussion at the local, regional, or national level and to understand the ongoing work necessary to ensure nurses are well represented.

- Nursing administrators have a broad accountability to all aspects of the health care system: the public/patient, staff, and organization.
- Staff nurses have direct impact on patient outcomes, and as such need to be acutely aware of their role in any quality initiative, public reporting, or pay-for-performance program.
- APRNs such as clinical nurse specialists (CNSs), certified registered nurse anesthetists (CRNAs), certified nurse midwives (CNMs), and nurse practitioners (NPs) are financially impacted by Pay for Quality reimbursement and incentives.
- Nurse administrators, staff nurses, APRNs, and nurse educators and researchers impact Pay for Quality on various levels.

As Pay for Quality evolves, these principles provide the foundation for nurses to actively participate.



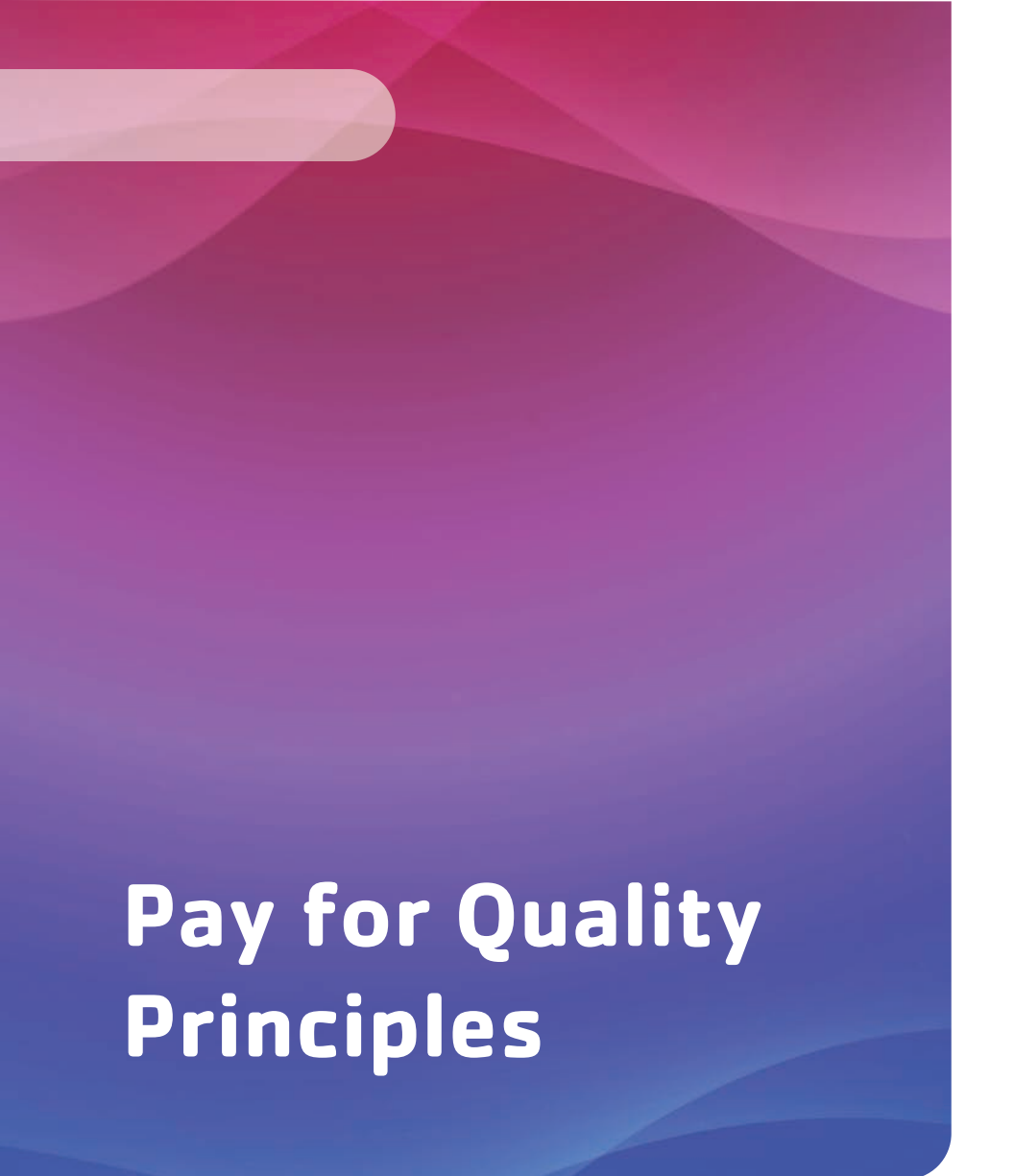


# Background Publications and Policy Statements

## Background Publications and Policy Statements

The following policy statements and publications provide the driving force for the ANA Pay for Quality Principles.

- *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001) guides nurses in their non-negotiable ethical obligations, duties, and commitment to society.
- *Nursing's Social Policy Statement* (ANA, 2010a) guides the nurse in addressing the social context of nursing and expresses the social contract between society and the profession of nursing.
- *Nursing: Scope and Standards of Practice, Second Edition* (ANA, 2010b) guides the nurse in addressing issues of quality of practice. The registered nurse systematically enhances the quality and effectiveness of nursing practice (see in particular Standard 7, Quality of Practice; p. 33–34).
- *Nursing Administration: Scope and Standards of Practice* (ANA, 2009) guides nurse administrators in the duties they are expected to perform competently. In particular, the nurse administrator systematically enhances the quality and effectiveness of nursing practice, nursing service administration, and the delivery of service (see especially Standard 7, Quality of Practice; p. 35).
- *Health System Reform Agenda* (ANA, 2008) guides the nurse in understanding the four critical components of health system reform: access, quality, cost, and workforce. The quality aims to encompass providing safe, effective, patient-centered, timely, efficient, and equitable health care.



# Pay for Quality Principles

## Pay for Quality Principles

The current editions of ANA's foundational documents—*Code of Ethics for Nurses with Interpretive Statements*, (2001), *Nursing: Scope and Standards of Practice* (2010) and *Nursing's Social Policy Statement* (2010)—as well as accrediting organizations and federal regulation include quality as an essential component of nursing practice. The American Nurses Association presents these ten principles to guide the nurse in any Pay for Quality discussion:

1. Health care professionals are accountable for the care they provide as individuals and as members of integrated health care teams.
2. Nurses must acquire and maintain knowledge of current and emerging concepts of quality included in various Pay for Quality programs at the local, state, and national level.
3. An adequate nursing workforce and a healthy professional practice environment, providing 24/7 care to patients across settings, positively contributes to quality patient outcomes.
4. Nurse leaders must ensure availability of adequate resources to achieve high value patient care.
5. Active involvement by nurses in all practice settings and roles in quality measure selection, measurement reporting, and practice evaluation is critical to ensure high value patient care.
6. Performance data on which Pay for Quality programs are based must be reliable, valid, pose minimal data collection burden to nurses, and reflect nursing practice.
7. Discipline specific and interprofessional measures utilized in Pay for Quality need to reflect current science- and evidence-based practice.
8. Nursing-sensitive quality measures should be reported at the local, state, and national level.
9. Incentives intended to achieve high value health care need to stimulate improvements and efficiencies in team-based care, and Pay for Quality programs should assure equitable incentives for all health care providers.
10. APRNs are eligible for direct reimbursement and incentives under all Pay for Quality programs.

# Recommendations on Pay for Quality

- Staff Nurses
- Advanced Practice Registered Nurses
- Nurse Administrators
- Nurse Educators and Researchers

## Recommendations on Pay for Quality

Pay for Quality is an evolving program in the private and public sectors. Nurses have a responsibility to understand, promote, recognize, and highlight their role and impact on high value patient care. To do so, nurses need to be knowledgeable of those facets of Pay for Quality that are germane to their areas of practice and roles. Accordingly, ANA makes the following recommendations grouped by four major practice and role areas: staff nurses, advanced practice registered nurses, nurse administrators, and nurse educators and researchers.

### Staff Nurses

Staff nurses will:

- Advocate for appropriate resources to optimize patient outcomes
- Acquire knowledge of Pay for Quality, quality measures, impact of nursing care on reimbursement and their role in these programs, and implications for practice
- Participate in fostering a culture of safety that supports a systems view to improve quality of care
- Participate in decision making and contribute to the development and selection of best practices, measurable criteria and Pay for Quality implementation
- Identify areas for measure development or inquiry with the potential to lead to appropriate measures
- Anticipate an increased emphasis on quality with emphasis on nursing risk assessment, surveillance, prevention, early detection and aggressive treatment of complications, errors, and preventable injuries and infections

### Advanced Practice Registered Nurses

Advanced practice registered nurses, in addition to the above recommendations for staff nurses, will:

- Lead and implement quality improvements, Pay for Quality measures, and patient protocols
- Evaluate clinical protocols for the adequacy of their evidence base

- Participate in Pay for Quality initiatives and realize direct reimbursements for care provided using a National Provider Identifier (NPI) for billing according to state standards
- Disseminate results of outcomes of care and the impact on practice through presentations and publications

### Nurse Administrators

Nurse administrators will:

- Acquire knowledge of history, rationale, process, core measures, and measurement systems of public reporting, pay-for-performance, and value-based purchasing
- Foster a culture of safety that supports a systems view to improve quality of care
- Assure evidence-based nursing practice that results in positive patient outcomes
- Position the organization so that there is appropriate allocation of human and financial resources
- Advocate for nurses at all levels of decision-making on issues related to rewards, financial incentives, pay for quality programs, and the resources needed to optimize patient outcomes
- Develop incentives for excellence in nursing performance from the point of care through nursing administration
- Provide leadership that drives quality improvement including the selection, utilization, and reporting of nursing measures at the facility level and within interprofessional teams used to rate performance
- Educate nursing staff on the rationale, value, and outcomes of the Pay for Quality program, the role for nursing, and implications for practice
- Disseminate the results of performance measures to staff at all levels
- Support research to generate and evaluate nursing-sensitive quality measures

## Nurse Educators and Researchers

Nurse educators and researchers will:

- Address the impact of the “aggregate of nursing care” on quality outcomes, the health care delivery model, and financing in entry-level curricula
- Address the range of financing mechanisms and the collection and use of outcomes data in graduate curricula
- Educate the next generation of health services researchers committed to advancing the science of quality nursing and health care
- Continue to develop nursing measures and corresponding evidence that captures the work and contributions of nurses that demonstrate outcomes of high value care
- Continue to perform research that examines the relationship between nursing workforce characteristics, nursing practice, the effects of nursing intensity, and direct nursing costs to patient outcomes



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## About ANA

The American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent member nurses associations, its organizational affiliates, and the Center for American Nurses. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

This ANA publication—*ANA's Principles of Pay for Quality*—reflects the thinking of the nursing profession on various issues and should be reviewed in conjunction with state board of nursing policies and practices. State law, rules, and regulations govern the practice of nursing, while this publication guides nurses in the application of their professional skills and responsibilities.