DEFINING ECONOMIC VALUE within the U.S. health care system is currently driven by the Triple Aims of value-based purchasing (VBP) including, higher quality, lower costs, and consumer demands. The Centers for Medicare & Medicaid Services (CMS) focuses on value-centric reimbursement to incentivize nurses and other health care providers to demonstrate their achievement or failure to meet quality outcomes and performance benchmarks. As the convergence of reimbursement and value-based care challenge all providers, nurse leaders are called to lead with the goal to advance nursing’s full scope of practice, innovate service delivery, and address emergent nursing science. The Triple Aim (Institute for Healthcare Improvement, 2013) provides significant opportunity to showcase the performance benchmarks to improve the patient care experience, advance the health of populations, and reduce the cost of health care by quantifying nursing’s value in economic terms. Can nursing knowledge and theory help uncover nursing’s economic value? The value-based care and performance benchmarks present a real quandary for nurse leaders, researchers, educators, and clinicians who have used nursing theory to guide their work and derive value. The question is finding the value in nursing knowledge and theory to develop and advance nursing science through research, education, and practice.

Nursing Knowledge and Theory: Finding the Value

It is time to ask what is the impact of nursing knowledge and theory as external motivators to improve quality? Value-based purchasing and reimbursement changes have profound implications for the nursing profession to demonstrate economic value. Defining value in nursing knowledge and theory within the health care system requires a renewed understanding and appreciation of nursing science. Value in nursing must be defined relative to nursing’s unique theoretical knowledge and not just as a result of the Affordable Care Act and a shift towards a value-based reimbursement model. This demand towards value, especially economic value, warrants a redefined approach for nursing that goes beyond achieving value from CMS’s key quality outcomes and performance benchmarks.

For nursing care to be valuable in today’s value-based environment, nursing theory must be fully realized. It requires the rich and continued development of the discipline where there is a body of knowledge that is uniquely recognized as nursing. This means going beyond evidence-based practice guidelines and protocols to theory-driven capability and reliability where nursing knowledge development drives and determines nursing practice. Parse (2015) suggests nurse leaders use discipline-specific nursing theory to guide practice, policy development, and documentation.

In today’s performance-driven health care system, there are new expectations to measure, report, and reward excellence. And yet, much of that performance is linked to nursing care. Linking nursing knowledge and theory-guided practice to a health care system’s performance may help heighten the recognition of what is unique to nursing and awareness of nursing’s value to cost. To drive value-based care to the bedside, nurse leaders must redesign the practice environment to fully integrate nursing knowledge and theory into philosophical and operational structures of the health care organization. This means translating nursing theories that are congruent and synergistic with the VBP principles of the organization.

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Historically, when the National League of Nursing required the use of a conceptual model as the basis for a curriculum, nursing models flourished. Specifically, there was an emphasis on Orem, as concept of self-care was appealing not only to educators but to clinicians as did Roy and the Roy Adaptation Model. Rogers and Parse were also popular as they focused on nursing, environment, relationships, and true presence. However, few studies focused on the economic value of implementing a nursing model.

As a wise nurse researcher colleague once said, “those activities that nurses hold dear won’t cut it in the long term. Demonstrating the economic value is the commodity that nurse leaders and administrators value.” One historical example is the position of the clinical nurse specialist (CNS). In the 70s, the CNS was viewed as an innovative model that would improve patient care through advanced practice expertise and consultation. Once the budgetary constraints within hospitals became a reality during the 1990s, the CNS role was one of the first to either be aged or “absorbed” into a supervisory position. What happened? Little if any research was conducted and published to demonstrate the economic value of the CNS. It did appear the CNS was able to provide consultation to reduce length of stay, increase patient satisfaction, and decrease nurse-sensitive complications. However, hospital executives are not impressed with appearances. They are interested in results and hard data.

The same can be said about the use of nursing models and frameworks applied as the basis for today’s nursing practice. In a thorough search in CINAHL, there were two references to the economic value of a nursing model used as the basis for practice. Frederickson (1990), in a study of the economic efficacy of the implementation of a nursing model, found a $300,000 savings over the 1-year of initial implementation on a specialty unit. The year before the initiation of the project, 10 of the 38 nurses left the unit. It was calculated that the loss of each nurse cost the hospital $30,000 which included hiring per diem nurses, advertising, orientation, and back fill until the new nurse was ready to work independently. The experimental nursing model based unit demonstrated increases in patient, family, and nurse satisfaction (Frederickson & Williams, 1997). Using the Triple Aims of VBP may not uncover all the economic value in nursing. However, using discipline-specific nursing theory with VBP may provide the necessary body of knowledge that fully recognizes nursing’s real value – only performance benchmarks and quality measures will tell.

REFERENCES