



Robert Wood Johnson
Foundation

Economics of Nursing Invitational Conference: Paying for Quality Nursing Care



June 13-14, 2008

Robert Wood Johnson Foundation
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WE WOULD like to express our gratitude to the members of the national advisory committee who reviewed the agenda and provided suggestions for the Economics of Nursing Conference. They are:

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THE “ECONOMICS of Nursing Invitational Conference: Paying for Quality Nursing Care” was held at the Robert Wood Johnson Foundation in Princeton, N.J., June 13–14, 2007. Sponsored by the Robert Wood Johnson Foundation and Rutgers Center for State Health Policy, this conference addressed issues related to paying for quality nursing care in a series of high-level sessions and a call to action. Conference speakers, facilitators, and attendees were leaders in nursing, economics, health care administration, and provider, payer and consumer organizations. The presentations were thought-provoking, and discussion was lively. The call to action resulted in a number of recommendations for future work, while presentations are to be published in a future issue of *Policy, Politics and Nursing Practice*.

THE PURPOSE of this one-and-a-half day conference was to define areas of agreement and disagreement related to payment for quality nursing care, establish strategies for research and policy, and promote action in agreed-upon areas. Three key issues explored in the conference were:

- How can we make a “business case” for improving and maintaining high quality nursing care?
- Should public and private reimbursement systems specifically account for the intensity of nursing care, and if so, how?
- What are the challenges and directions for nursing in the pay-for-performance movement?

THE CONFERENCE goals were to:

- Stimulate interest in the conference topics within stakeholder disciplines and organizations that may not yet be working on the issues;
- Define the issues, weigh the evidence, identify solutions, make recommendations, and plan future work through multidisciplinary collaboration;
- Continue work on the issues following the meeting within and across the disciplines and organizations through funding, publications, workgroups, and leadership commitments;
- Disseminate conference discussions and findings through a publication of proceedings, journal articles, and press conferences; and
- Promote legislative and policy changes.

KEYNOTE ADDRESS

*Linda Aiken, Ph.D., F.A.A.N., F.R.C.N., R.N.,
Center for Health Outcomes and Policy Research, University of Pennsylvania*

Topic: “Economics of nursing: Paying for care”

- National policies impact nurse supply, demand, workloads and retention, but they are generally made without consideration of workforce impact.
- There is growing evidence that nurses contribute significantly to quality outcomes and that this can create offsets or cost savings.
- Nurses are not currently a focus of pay-for-performance (P4P) efforts, and there are few examples of payment incentives that reward nurses for higher productivity and quality or cost savings.
- Health care managers aren’t familiar with the evidence linking investments in nursing with quality and cost savings.

Dr. Aiken recommended that we conduct research on the impact of policy and payment changes on the nursing workforce and quality of care, and educate and motivate health care leaders to act on the basis of evidence in their management decisions.

How Can We Make the “Business Case” for Improving and Maintaining High-Quality Nursing Care?

The topic for this session was linking investments in nursing with quality and cost savings—the “business case for quality nursing care.”

Conversation Leader: Linda Burnes-Bolton, Dr.Ph., R.N., F.A.A.N., Vice President, Chief Nursing Officer, Cedars-Sinai Medical Center and President, American Academy of Nursing

Speaker: Jack Needleman, Ph.D., Associate Professor, Department of Health Services, UCLA School of Public Health

Topic: “Is what’s good for the patient good for the hospital? Aligning incentives and the business case for nursing.”

- One can value quality through social, economic, and business case perspectives.
- Quality initiatives may meet social and/or economic goals, but not the business case goal of the institution bearing the costs.
- When a quality initiative meets social and/or economic, but not business case goals, institutional incentives for implementing the initiative are low.
 - For example, it is difficult to make a business case for introducing quality initiatives that reduce patient length of stay if the institution receives a significant proportion of revenue through per diem payments.
- Reductions in nurse turnover, however, have been shown to contribute to the business case through reductions in labor costs.
- Misalignment of social/economic and business case incentives could be corrected by payment system and other changes.

Discussant 1: Susan Horn, Ph.D., Vice President of Research, International Severity Information Systems, Inc. and Senior Scientist, Institute for Clinical Outcomes Research

Topic: “The business case for nursing in LTC”

- Reported that in long-term care (LTC) there are social net savings related to higher R.N. staffing, but net costs at the institutional level.

*Discussant 2: Herbert Pardes, M.D., President and CEO,
New York Presbyterian Hospital*

Topic: “CEO perspective”

- Spoke of the need to weigh all resource allocations in hospitals in light of strategic plans.

Discussion:

- Participants felt that we needed to gather evidence regarding what nurses do and how this relates to better outcomes.
- Research should go beyond a hospital focus.
- Some felt that a complete health care system redesign was needed.

The Appropriateness and Feasibility of Measuring and Accounting for the Intensity of Nursing Care

The session discussed whether we can and should bill for the intensity of nursing care.

Conversation Leader: David Keepnews, Ph.D., J.D., R.N., Associate Professor, Adelphi University School of Nursing

Speaker 1: *Walter Sermeus, R.N., Ph.D., FEANS, Centre of Health Services & Nursing Research, Catholic University, Leuven, Belgium*

Topic: “The international history and rationale behind nursing intensity measurement and its impact on hospital financing”

- Hospital reimbursement systems have historically paid for hospital nursing care on a fixed cost basis by rolling costs up into “room and board.”
- Diagnostic Related Group (DRG) payments that put nursing costs into room and board do not accurately reflect the intensity or costs of nursing care.
- Among countries using DRGs for hospital reimbursement, most do not include a nursing adjustment (e.g., Netherlands, U.K., Italy, Portugal, Denmark, France, Germany, U.S.A.). A few do (Australia, New Zealand, Canada, Switzerland and Belgium).
- Belgium’s adjustment for nursing care involves a fixed nursing cost based on minimum nurse staffing ratios, and a variable nursing intensity component.

Speaker 2: *John Welton, Ph.D., R.N., Associate Professor, Medical University of South Carolina College of Nursing*

Topic: “Getting the price right”

- Lumping nursing costs into room and board makes nursing care invisible and distorts the payment system.
- DRG weights, for example, have been shown to be only weakly correlated with the amount of nursing care associated with caring for hospitalized patients.
- Since nursing care consumes 30 percent of the total hospital operating budget and 44 percent of direct care costs, the cost compression of nursing care in the DRG payment system leads to significant uncorrected distortion.
- Two ways to unbundle inpatient nursing care from the per diem room and board charges: by patient admission; or through standardized nursing intensity weights.
- Policy issues are whether the incorporation of nursing intensity would be revenue neutral for the payers, how the adjusted payments would affect individual hospitals, whether hospitals would buy in to the policy change, and how data would be obtained to develop standardized nursing intensity weights.
- Dr. Welton mentioned several possible future directions.

Discussant 1: Steven Finkler, Ph.D., C.P.A., Robert F. Wagner Graduate School of Public Service, New York University

Topic: “The appropriateness and feasibility of measuring and accounting for the intensity of nursing care”

- The costs of adjusting billing for nursing intensity could outweigh the benefits.
- The adjustment is feasible, but a case needs to be made as to the appropriateness of doing it since the Cromwell study shows that 95 percent of all hospital budgets would not change more than 1 percent in either direction, and it will be costly to calculate the adjustments.

Discussant 2: Marc Hartstein, M.A., Deputy Director, Division of Acute Care, Centers for Medicare and Medicaid Services (CMS)

Topic: “Inpatient hospital payment reform”

- Med Pac has recognized inaccuracies in CMS payment systems, and has voiced the view that improving payment accuracy makes competition more equitable.
- Currently ancillary costs, such as radiology, cardiology, and operating room, have higher mark-ups than routine costs, such as room and board.
- Proposed reform would increase payment for routine charges, and reduce payments for ancillary charges.
- Stakeholders who would be negatively affected by these changes (technology and drug companies) have been very active shaping the final rule.
- A Research Triangle Institute report conducted for CMS recommended an improvement in nursing care costing that would improve relative resource weights without adding substantial administrative costs to either CMS or providers.

Discussant 3: Eileen Sullivan-Marx, Ph.D., C.R.N.P., F.A.A.N., Shearer Endowed Term Chair in Healthy Community Practices and Associate Professor, University of Pennsylvania School of Nursing

Topic: “Opportunities and Challenges in Paying for Nursing Care”

- Reviewed principles of work measurement in other payment mechanisms such as Resource-Based Relative Value System (RBRVS).
- In RBRVS, time explains physicians’ work effort, but environment, education, experience are also factored in. Skills tend to be favored over “cognitive” care. CMS attempts to keep the overall payments budget neutral.
- Payment for services is important because “payment is societies’ overt recognition of a professional group’s authority to practice.”

- Opportunities/challenges are to: identify the work of nursing in all health finance systems; identify the “back box” of nursing care using common language; and understand the contribution of interdisciplinary care (e.g., PACE model, “Super Units”).
- Nursing needs to be visible in health finance.
- It may require incremental change to get there.

Discussant 4: Paul Ginsburg, Ph.D., President, Center for Studying Health System Change

Topic: “Policy, politics and stakeholder issues”

- The principle of prospective payment is long-established in Medicare payment for inpatient care and continues to be broadened to other types of care and other payers.
- Reimbursement of costs or screening of charges for reasonableness has almost completely disappeared from our health system.
- For Medicare hospital payment, little was changed from inception in 1983 until 2006, when the specialty hospital issue prompted efforts to make DRG relative payments more accurately reflect relative costs.
- A factor that will motivate policy-makers to incorporate nursing intensity into hospital payment is evidence that hospitals are specializing in DRGs of high or low nursing intensity.
- However, any incorporation of the concept of nursing intensity weights will be in the context of prospective payment.

Discussion:

- Is it necessary to make a nursing intensity adjustment to DRGs? One question raised was whether we do this in order to rationalize payments, or in order to make nursing more visible. If we do it to make payments to hospitals more rational, would it change individual hospital payments that much? If it wouldn't, why do it? If it would, would hospitals support it? Would the overall reimbursements have to be budget neutral for the payers? Would it be important enough to do even if the main reason was to make nursing care visible? Some participants raised the point that acute care was not the only arena needing payment adjustments. Participants felt that research needed to be done on these issues.
- Is it feasible? The issue of how to quantify nursing care was front and center. Some mentioned the importance of going beyond hours per patient day in determining nursing intensity. The need to collect data and develop a “minimum dataset” was brought out. If nursing intensity weights (NIW) are developed, should the adjustments be determined by: expert panel, such as the NY NIW; data-driven hours of care; nursing classification systems; combinations; computerized capturing of data?

Challenges and Directions for Nursing in the Pay-for-Performance Movement

The session focused on reimbursement for nursing care by pay-for-performance (P4P). How does nursing care fit into the targets, indicators, and financial rewards of P4P? How should P4P be constructed so that targets and indicators include those achievable by the nursing workforce? Will P4P achieve its goals of improving quality? The challenge is to design P4P systems that engage and reward nurses for their efforts and lead to lasting quality improvement.

Conversation Leader: Joanne Spetz, Ph.D., Associate Director of the Center for California Health Workforce Studies, and Associate Professor at the UCSF School of Nursing

Speaker 1: Sean Clarke, Ph.D., R.N., F.A.A.N., Associate Director, Center for Health Outcomes and Policy Research, University of Pennsylvania

Topic: “Challenges and directions for nursing in the Pay-for-Performance movement”

- Pay-for-performance (P4P) is defined as financial incentives for providing health care of “higher quality.” It is operationalized as higher reimbursement to providers meeting performance targets, and sometimes seen as “no pay for poor performance.”
- One concern to nursing is the ability of a workforce in short supply and under financial constraints to meet safety and quality challenges in collaboration with other disciplines.
- Potential P4P measures related to nursing care are ones from the National Quality Forum (NQF), Centers for Medicare and Medicaid Services (CMS), and Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). NQF measures will be validated with an INQRI grant from RWJF.
- Some of the CMS/JCAHO measures have been found to be correlated with higher R.N. hours per patient day (HPPD).
- Some issues with P4P:
 - There is a possibility for a downward spiral in quality for agencies on the edge. Lower reimbursements could lead to even more limited resources and poorer quality of care, with even lower reimbursements.
 - The P4P quality indicators tend to be narrow process indicators that don’t capture the real quality of care, especially nursing care. Hospitals can “perform to the indicators” rather than improve quality.
 - Documentation burdens for nurses could go up.
 - Whether the reward is determined by meeting thresholds or incremental improvements in quality is also an issue.
 - He related the problems P4P has encountered in the educational system.

Discussant 1: Carol Raphael, M.P.A., President and CEO of the Visiting Nurse Service of New York (VNSNY)

Topic: “Pay-for-performance in home health care”

- Complemented Dr. Clarke’s presentation by relating the state of P4P in home health
- The VNSNY will be involved in a two-year CMS demonstration project starting October 2007. CMS reimbursement costs will be budget neutral.
- The VNSNY will meet the challenge through board and top leadership involvement, a performance measurement system, practice improvement, IT support, incentives to nurses for meeting priority targets, and data collection and analysis.
- Potential benefits of P4P are the value it gives to purchasers, the fact that it could lead to practice change, and that it requires investments in the nursing workforce.
- Challenges are that investments are costly, and there is a need for a cultural shift and change in roles, the right measures may be hard to get, and labor market pressures, among others, could impact results.

Discussant 2: Jim Rebitzer, Ph.D., Carlton Professor and Chair of the Department of Economics, Case Western Reserve University

Topic: “Pay-for-performance: A cautionary tale”

- Put forward cautionary words on P4P, and introduced fresh ideas on how to promote quality without using financial rewards.
- P4P can be problematic if: the P4P performance measures can be influenced by good/bad luck as well as performance, or can be manipulated; it is too costly to administer; or it isn’t adequately risk adjusted.
- An alternative way to promote quality through high commitment human resource systems (HCHR), in which “people work hard and cleverly in the interests of the firm, in return for good pay, empowerment, trust, and interesting, fulfilling work.”
- Key processes for HCHR systems are:
 - Cultural transformations;
 - Establishment of work teams among nurses, physicians and other personnel.
- They do this without formal incentives because they identify their interests with those of the firm.
- There is mutual monitoring and pressure among employees that enforces desired behaviors.

Discussant 3: Joanne Disch, Ph.D., R.N., F.A.A.N., Professor and Director, Densford International Center for Nursing Leadership, University of Minnesota; Chair, AARP Board of Directors

Topic: “Pay-for-performance: The consumer lens”

- Spoke about transforming organizational culture and performance by improving senior leadership effectiveness.
- She recommended that we: work on reimbursement issues while reframing the dialogue; emphasize nurses’ contributions to societal health and choice (Raise the Voice); highlight and reward organizations that are holistic, cost-effective, offer choice, and achieve good outcomes; establish partnerships that bring together academicians and clinicians, consumers, providers, business leaders and CEO/CFOs; improve leadership adequacy and systems for managing QI monitoring and changes.

Discussion (from a later session):

Regarding P4P, participants identified some areas of concern:

- Underpaying poor quality providers would reduce their resources, including nursing, and could make quality worse.
- Providers could cherry-pick and perform to the quality targets.
- Quality measures are process oriented and are not nursing sensitive.

- Making the business case for nursing quality requires re-alignment of health care reimbursement system.
 - It is difficult for health care organizations to experience a benefit if they receive a significant proportion of revenue through per diem payments.
- Measuring nursing intensity may be feasible but is billing for it practical?
 - DRGs have been shown to be only weakly correlated with the amount of nursing care.
 - Current payment system makes nursing care invisible.
 - Can we develop a NIW measure that goes beyond hours per patient day?
 - How will data be obtained to develop standardized NIW?
 - More research is needed.
- Nurses should be at the CMS table regarding DRG changes.
- It is unknown whether P4P will achieve its goal for quality. An alternative system is high commitment, human resource systems.
- VNSNY will be introducing P4P through leadership, performance measurement system, practice improvement and IT support.
- There is a need to transform organizational culture by improving the effectiveness of senior leadership and QI systems.

Call To Action

The conference participants broke into six groups to discuss issues emerging from the conference and future work. The participants felt that there was an “inherent value” to nursing that was both economic and non-economic, and put forward research and policy recommendations to build evidence of what nurses do and how this relates to better patient and financial outcomes.

Research Recommendations:

- Assess the impact of policy and payment changes on the nursing workforce and quality of care.
- Find out whether adjusting hospital payment by a NIW would result in a more rational system.
- Compare outcomes from P4P and HCHR with particular attention to impacts on nurse turnover.
- Test models of care to find “best” use of nurses. More research to know the value of nursing in non-acute care settings.
- Assess whether “hours per patient day” is an adequate measure of nursing intensity.
- Establish a minimum dataset.
- Repeat the “Cromwell Study” [Cromwell J and Price K. “The Sensitivity of DRG Weights to Variation in Nursing Intensity.” *Nursing Economics*, 6(1): 18–26, 1988].

Policy Recommendations:

- Translate and disseminate the evidence we have now regarding the value of nursing (Who will do this? How will we summarize it? For whom? How do we communicate it to those who can act (policy-makers, c-suite, etc.)?)
- Add the 15 National Quality Forum nursing sensitive measures to existing P4P measures.
- Redesign the DRG system to account for the intensity of nursing care.
- Obtain government engagement at both the state and federal levels.
 - Obtain Federal intervention to increase the supply of nurses and nurse educators.
- Educate and motivate health care leaders to act on the basis of evidence in their management decisions.
- Place nurses in strategic positions.
- Engage key partners to speak for the value of nurses and their care.
- Redesign the total health care system in order to rationalize payment systems so that nurses may have more direct time with patients, human/caring factors are increased, the skills, knowledge and scopes of practice of nurses are maximized and providers have incentives to make lasting quality improvements.

Strategies for Achieving These Suggestions:

- Be conveners/organizers;
- Get into strategic positions;
- Engage other stakeholders such as purchasers and their groups (Leapfrog, Trade Associations), compliance agents, labor;
- Lobby;
- Conduct strategic planning;
- Link the nursing agenda with the consumer agenda;
- Get support from funders.

Conference participants felt that one of the most effective strategies for achieving these suggestions is to “call the circle”—pull voices together on areas of agreement in order to organize for change. This could be a coalition of leading nursing organizations, such as what Pipeline to Placement aims to do, to promote getting nurses at policy tables, decision boards, and governmental bodies.

Getting Into Strategic Positions:

- Be at policy tables, decisions boards, and leadership/CEO positions.
- Be at the CMS and insurance tables both for reimbursement and for P4P.
- Participate in health care redesign.

Next Steps?

- At the end of the call to action, participants wrote on a sheet of paper what they pledged to continue doing after the conference.
- They placed the pledges in self-addressed envelopes and gave the envelopes to conference organizers.
- These pledges will be mailed back to participants in X months as a reminder of their pledges.
- In addition, conference organizers will organize the pledges around commonalities, and will indicate to each participant who else is interested in working in this area.



THE ECONOMICS OF NURSING CONFERENCE:
PAYING FOR QUALITY NURSING CARE

JUNE 13TH - 14TH, 2007

Robert Wood Johnson Foundation • Princeton, NJ



Speakers' Biographies

Linda H. Aiken

**Director, Center for Health Outcomes and Policy Research
The Claire M. Fagin Leadership Professor of Nursing, Professor of Sociology,
and Senior Fellow of the Leonard Davis Institute of Health Economics**

Linda H. Aiken is an authority on causes, consequences, and solutions for nurse shortages in the United States and around the world. She directs the Center for Health Outcomes and Policy Research, and is the Claire M. Fagin Leadership Professor of Nursing, Professor of Sociology, and Senior Fellow of the Leonard Davis Institute of Health Economics at the University of Pennsylvania in Philadelphia. She co-directs the National Council on Physician and Nurse Supply which aims to develop viable strategies to address national and global shortages of health professionals.

Dr. Aiken is winner of the 2006 Baxter International Foundation's William B. Graham Prize for Health Services Research, the 2006 Raymond and Beverly Sackler Award from Research!America for Sustained National Leadership in Health Research, and the 2005 AcademyHealth Distinguished Investigator Award in Health Services Research. She won the 2003 Individual Earnest A. Codman Award from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for her leadership utilizing performance measures to demonstrate relationships between nursing care and patient outcomes.

Dr. Aiken leads the International Hospital Outcomes Consortium studying the impact of nursing on patient outcomes in 13 countries, and directed the Nursing Quality Improvement Program in Russia and Armenia demonstrating the successful application of twinning initiatives in nursing to improve hospital quality. She is a member of the Expert Advisory Panel guiding the World Alliance for Patient Safety. Her research is frequently featured in the media, and she is winner of three American Academy of Nursing Media Awards.

She is a member of the Institute of Medicine of the National Academy of Sciences, the American Academy of Arts and Sciences, the American Academy of Political and Social Science, the National Academy of Social Insurance, and she is a former president of the American Academy of Nursing, and an Honorary Fellow of the Royal College of Nursing in the United Kingdom.

Dr. Aiken received her bachelors and masters degrees in nursing from the University of Florida, Gainesville, her Ph.D. in sociology and demography from the University of Texas at Austin, and she completed a postdoctoral research fellowship in medical sociology at the University of Wisconsin, Madison.

Linda Burnes-Bolton
Vice President, Nursing & Chief Nursing Officer and Director of Nursing Research
Cedars-Sinai Medical Center

Linda Burnes-Bolton is Vice President for Nursing and Chief Nursing Officer and Director of Nursing Research at Cedars-Sinai Medical Center in Los Angeles, California. She is one of the Principal Investigators at the Cedars-Sinai Burns & Allen Research Institute. Her research, teaching, and clinical expertise includes: functional health literacy for African Americans and other ethnic and racial communities; quality of care in racially and ethnically diverse communities; cultural diversity in leadership; eliminating structural and racial barriers as a solution to eliminating health disparities; and, cultural diversity and health care overall.

Dr. Burnes-Bolton is the current President of the American Academy of Nursing and is a member of the American Nurses Association, the American Organization for Nurse Executives, the Association of California Nurse Leaders; the Center for Nursing Leadership, the National Black Nurses Association and the National League for Nursing.

She has held board and officer positions for several national organizations and is the recipient of numerous awards for her scholarly and world community service, including receiving the Lifetime Achievement Award from the American Organization of Nurse Executives. She is chair of the National Advisory Committee for the Robert Wood Johnson Foundation initiative, *Transforming Care at the Bedside* (TCAB). She also holds positions as an Associate Clinical Professor at the University of California, San Francisco, School of Nursing and UCLA School of Nursing. Dr. Burnes-Bolton received her Dr.PH. in Population Health & Behavioral Science from the University of California, School of Public Health at Los Angeles, California.

Jack Needleman

**Associate Professor and Director of the Ph.D. and M.S.H.S. Program
Department of Health Services
UCLA School of Public Health**

Jack Needleman is an Associate Professor in the Department of Health Services, UCLA School of Public Health, and director of the department's Ph.D. and M.S.H.S. programs. Dr. Needleman's research focuses on the impact of changing markets and public policy on quality and access to care.

Dr. Needleman has directed projects on a wide range of topics, including studies of the impact of nurse staffing and nurses' working conditions on patient outcomes in hospitals and the cost and cost offsets of increasing nurse staffing. For his work on hospital nurse staffing and patient outcomes, he was the recipient of the first AcademyHealth Health Services Research Impact Award. He is currently leading the evaluation of the Robert Wood Johnson Foundation's *Transforming Care at the Bedside* initiative. Dr. Needleman serves on the Nursing Advisory Council of the Joint Commission for the Accreditation of Healthcare Organizations.

Other research has examined the future of public hospitals, the impact of the Balanced Budget Act on safety-net hospitals, nonprofit and public hospital conversions to for-profit status, the quality of care for Medicaid beneficiaries with diabetes, changes in access to inpatient care for psychiatric conditions and substance abuse, and evaluated the impact of training on the ability of Peer Review Organizations to carry out quality improvement projects.

Prior to coming to UCLA in 2003, Dr. Needleman was on the faculty of the Harvard School of Public Health, and before that was Vice President and Co-Director of the Public Policy Practice at Lewin/ICF, a Washington health policy research and consulting firm. While at Lewin/ICF, he conducted studies and served as a consultant to numerous state and federal task forces examining health care costs and access to care.

Dr. Needleman received his doctorate in Public Policy from Harvard University.

Susan D. Horn
Senior Scientist
Institute for Clinical Outcomes Research

Susan D. Horn, Ph.D., is senior scientist for the Institute for Clinical Outcomes Research (ICOR), and vice president of research for International Severity Information Systems, Inc. (ISIS), both located in Salt Lake City, Utah. In addition, she is an Adjunct Professor in the Department of Biomedical Informatics and Research Professor of Physical Therapy at the University of Utah School of Medicine in Salt Lake City. From 1968 to 1991 she was a full-time faculty member at The Johns Hopkins University in Baltimore, Maryland, where she conducted research, taught biostatistics and health services courses, and directed the Robert Wood Johnson Foundation Program for Faculty Fellowships in Health Care Finance. From 1991 to 1995 she was senior scientist at Intermountain Health Care in Salt Lake City.

In 1979 Dr. Horn and her colleagues began developing severity of illness measures, which became the basis for the Comprehensive Severity Index (CSI®), with inpatient, outpatient, hospice, rehabilitation, and long-term care components for adults and pediatrics. The CSI software system is used to collect disease-specific, physiologic severity data for clinical practice improvement and risk-adjusted outcomes. Dr. Horn has conducted over 20 large multi-site practice-based evidence for clinical practice improvement projects including studies in cost-containment practices in health maintenance organizations, pediatric severity of illness, asthma, and bronchiolitis, prevention of complications in GI surgery patients, desirable outcomes for congestive heart failure, prevention of pressure ulcers in long-term-care patients, ambulatory diabetes care, hospice care, post-stroke rehabilitation, lower extremity joint replacement rehabilitation, spinal cord injury rehabilitation, preventing falls, labor and delivery, and women's health care, including the elderly.

Dr. Horn speaks frequently on severity of illness and clinical practice improvement methods used to determine best medical practice. She has authored over 160 publications on statistical methods, health services research, severity of illness measurement, clinical practice improvement, and quality of care. She is editor of *Clinical Practice Improvement Methodology: Implementation and Evaluation*, Faulkner & Gray, 1997, [available by contacting ISIS, Inc., (801) 466-5595, ext. 201]. Dr. Horn earned a B.A. in mathematics at Cornell University, and a Ph.D. in statistics at Stanford University.

Herbert Pardes
President and CEO
NewYork-Presbyterian Hospital and NewYork-Presbyterian
Healthcare System

Dr. Herbert Pardes is president and CEO of NewYork-Presbyterian Hospital and NewYork-Presbyterian Healthcare System. Nationally recognized for his broad expertise in education, research, clinical care and health policy, Dr. Pardes is an ardent advocate of support for academic medical centers, humanistic care and the power of technology and innovation to transform 21st-century medicine.

A noted psychiatrist, Dr. Pardes served as director of the National Institute of Mental Health (NIMH) and U.S. Assistant Surgeon General during the Carter and Reagan administrations. He was also president of the American Psychiatric Association. In 1984 he was named chairman of the Department of Psychiatry at Columbia University College of Physicians and Surgeons, and in 1989, was appointed vice president for health sciences for Columbia University and dean of the faculty of medicine at Columbia University College of Physicians and Surgeons. In 1999 Dr. Pardes was chosen to lead NewYork-Presbyterian.

Since that time, NewYork-Presbyterian has received numerous honors and recognition, including its current sixth-place position on the *U.S. News & World Report* “America’s Best Hospitals” Honor Roll and number-one overall Best Hospital in *New York Magazine*’s 2006 “Best Hospitals” survey.

Dr. Pardes has been appointed to serve on commissions related to health policy by Presidents George W. Bush and Bill Clinton, including the Presidential Advisory Commission on Consumer Protection and Quality in the Healthcare Industry and the Commission on Systemic Interoperability. Dr. Pardes also chaired the Intramural Research Program Planning Committee of the NIH from 1996 to 1997. He is the former chairman of the Greater New York Hospital Association, the Association of American Medical Colleges and the New York Association of Medical Schools. He is chairman emeritus of the eHealth Initiative and serves on the board of the Markle Foundation, organizations dedicated to improving quality, safety and efficiency of health care with information technologies.

Dr. Pardes serves on numerous editorial boards, has written more than 130 articles and chapters on mental health and academic medicine topics, and has negotiated and conducted international collaborations with a variety of countries including India, China and the former Soviet Union. He has earned numerous awards and accolades, including election to the Institute of Medicine of the National Academy of Sciences and the American Academy of Arts & Sciences, the Sarnat International Prize in Mental Health, and the U.S. Army Commendation Medal.

David M. Keepnews
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Prior to joining the Adelphi faculty in September 2006, Dr. Keepnews served as director of the Office of Policy Development for the New York Academy of Medicine in New York City. He is a former director of the Office of Policy for the American Nurses Association. Dr. Keepnews has also served as regulatory policy specialist for the California Nurses Association and as an assistant regional counsel for the U.S. Department of Health & Human Services. He has practiced as a registered nurse in psychiatric emergency, community mental health and substance abuse settings in New York and California.

Dr. Keepnews previously served on the faculty of the University of Washington School of Nursing. He currently holds affiliate faculty appointments in the University of Washington School of Nursing and School of Law, and is a member of the adjunct faculty of the Program in Clinical Epidemiology and Health Services Research at the Weill Graduate School of Medical Sciences, Cornell University.

Dr. Keepnews is an elected member of the American Nurses Association Congress on Nursing Practice and Economics and is a member of the Strategic Planning Committee of the Commission on Graduates of Foreign Nursing Schools. He is the nursing representative to the American Medical Association's Current Procedural Terminology Advisory Committee and previously served as nursing representative to the Relative Value Update Committee (RUC) Health Care Professionals Advisory Committee. He has published and spoken widely on nursing and health policy issues, including nursing workforce issues and payment for nursing services.

Dr. Keepnews holds a Ph.D. in Social Policy with a concentration in health policy from the Heller Graduate School of Social Policy and Management at Brandeis University, a master of Public Health degree from the University of California, Berkeley, a Juris Doctorate from Hastings College of the Law in San Francisco and a bachelor of science in Nursing from the University of San Francisco. He is a Fellow of both the American Academy of Nursing and the New York Academy of Medicine.

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Professor in Healthcare Management

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Walter Sermeus is Professor in Healthcare Management at the Centre of Health Services and Nursing Research, School of Public Health, Catholic University Leuven, Belgium.

He is Program Director of the Master in Nursing/Midwifery and the Master in Health Care Management & Policy. He holds a Ph.D. in Public Health. He is trained as a professional nurse and holds an M.Sc. in Nursing Science and M.Sc. in Biostatistics. He is Fellow of the European Academy of Nursing Science (EANS).

Recent Research projects (PI):

- Measuring adverse events in Belgian Hospitals, Commissioned by Federal Knowledge Centre, Belgium, 2006–2007.
- Clinical pathways for Oncology care, Commissioned by King Baudouin Foundation, Belgium, 2006–2008.
- Financing Hospital Nursing Care, Commissioned by Federal Knowledge Centre, Belgium, 2006–2007.
- Database quality of nursing care, Commissioned by Ministry of Science, Belgium, 2005–2007.
- Development of the Belgian Nursing Minimum Data Set, commissioned by the Belgian Federal Government 1985–2008.
- Development and Implementation of Clinical Pathways, Network of 105 hospitals in Belgium and the Netherlands, 2000-ongoing.

International Membership:

- Board member of the European Academy of Nursing Science (EANS).
- Vice-President of Association for Common European Nursing Diagnoses, Interventions and outcomes (ACENDIO).
- Board member of the European Specialist Nursing Organizations (ESNO).
- Board member of the Belgian Medical Informatics Association (MIM).
- Belgian representative to the International Medical Informatics Association – Nursing Informatics (IMIA-NI).
- Member of Patient Classification systems International (PCS/I).

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Relevant Publications:

Sermeus W, Gillet P, Tambre W, Gillain D, Grietens J, Laport N, et al. "Financing Nursing Care in Hospitals. Health Services Research (HSR)." Brussels: Federal Healthcare Knowledge Center (KCE); KCE reports 53A., 2007.

Sermeus W, Van den Heede K, Michiels D, et al. "Revising the Belgium Nursing Minimum Dataset: From Concept to Implementation." *International Journal of Medical Information*, 74(11-12): 946-951, 2005.

Van den Heede K, Sermeus W, Diya L, Lesaffre E, Vleugels A. "Adverse Outcomes in Belgian Acute Hospitals: Retrospective Analysis of the National Hospital Discharge Dataset." *International Journal of Quality Health Care*, 18(3): 211-219, 2006.

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Associate Professor and Faculty Chair
Medical University of South Carolina

John Welton is a full-time faculty member at MUSC College of Nursing with primary teaching responsibilities in the MSN program in Nursing Administration and the dual degree MSN/MBA program in collaboration with University of South Carolina Moore School of Business. He has conducted research and published numerous articles regarding inpatient nursing care issues such as nursing intensity, nursing costs, billing, and reimbursement, and relationship of nursing care to the DRG. He is faculty advisor to the Nursing Intensity Database project at MUSC. Dr. Welton is a member of the American Organization of Nurse Executives Task Force on nursing intensity billing and reimbursement and is currently funded by AONE to investigate methods to incorporate nursing intensity into the inpatient billing and reimbursement system.

Dr. Welton has received several awards including the South Carolina Governor's teaching excellence award, the MUSC Educator/Lecturer of the Year, South Carolina Nursing Excellence, Palmetto Gold, and North Carolina Great 100 Nurses awards.

He received his Ph.D. from the University of North Carolina at Chapel Hill in Nursing with a minor in Medical Informatics and an M.S.N. from University of North Carolina at Charlotte in Nursing Administration. Dr. Welton has been a registered nurse for 27 years and has had extensive clinical experience in pediatric and adult critical care at several academic medical centers earlier in his career. He also started and ran his own business—an air ambulance company based in North Carolina for several years in the late 1980s and early 1990s.

Steven A. Finkler
Professor Emeritus of Public and Health Administration, Accounting and
Financial Management
New York University's Wagner School of Public Service

Dr. Finkler is Professor Emeritus of Public and Health Administration, Accounting and Financial Management at New York University's Wagner School of Public Service, where he directed the Health Financial Management specialization for over 20 years. Among his awards are the 2002 American Association Critical-Care Nurses' (AACN) Pioneering Spirit Award, the 2003 Sigma Theta Tau Research Award, and the 2006 American Journal of Nursing Book of the Year Award.

He has published 18 books. Several of them are *Financial Management for Nurse Managers and Executives*, 3rd Edition, 2007 (with Cheryl Jones and Chris Kovner), *Accounting Fundamentals for Health Care Management*, 2006 (with David Ward), *Budgeting Concepts for Nurse Managers*, 3rd Edition, 2001, and *Essentials of Cost Accounting for Health Care Organizations*, 3rd Edition, 2007 (with Judith Baker and David Ward).

Dr. Finkler has published over 200 articles in *Nursing Economic\$, the Journal of Nursing Administration*, the *Journal of Nursing Scholarship*, *Nursing Research*, the *Journal of Gynecological and Neonatal Nursing*, *Computers in Nursing*, *Western Journal of Nursing Research*, *Nursing Administration Quarterly*, *Health Care Management Review*, the *New England Journal of Medicine*, and other leading journals. A complete listing of all of his publications may be found by going to www.nyu.edu/wagner/finkler.php and clicking on Curriculum Vitae.

He received a B.S. and M.S. from the Wharton School where he majored in Accounting and Finance. His master's degree in economics and Ph.D. in business administration were awarded by Stanford University. Dr. Finkler, who is also a C.P.A., worked for several years as an auditor with Ernst and Young, and was on the Wharton faculty before joining NYU.

He is the former Editor of *Hospital Cost Management and Accounting*, and has served on the editorial boards of *Health Services Research*, *Health Care Management Review* and *Research in Healthcare Financial Management*. Dr. Finkler was a member of the National Advisory Council for the National Institute for Nursing Research (NINR) at the National Institutes of Health (NIH) from 1997–2001. He is also a member of the Board of Governors and is Treasurer of Daughters of Israel Geriatric Center.

Steven A. Finkler

Dr. Finkler teaches an online Budgeting course at New York University. He is a founding faculty member of the Wharton/J&J Fellows Program for Nurse Executives, and teaches in that program and several other programs for nurse managers at the Wharton School. Dr. Finkler also teaches in-house healthcare financial management programs for hospitals, usually with a particular emphasis on financial management for nurse managers and executives.

Marc Hartstein
Deputy Director
Division of Acute Care, Centers for Medicare and Medicaid Services

Marc Hartstein has been with the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) for 17 years. He worked on the Medicare physician fee schedule at its inception, again between 1999 and 2004, and has also spent several years working on Medicare payment for inpatient hospital services.

He was a key member of the defense team (and the only non-lawyer) in *Regions Hospital v. Shalala* before the United States Supreme Court in 1997 and has been instrumental in working with Congressional staff in developing provisions of several major Medicare laws including the Balanced Budget Act, the Balanced Budget Refinement Act, the Medicare Modernization Act, the Deficit Reduction Act among others. Since December 2004 he has been serving as Deputy Director of the Division of Acute Care where he manages the development of Medicare's inpatient hospital prospective payment system.

He has a masters degree in public policy from the University of Minnesota's Hubert H. Humphrey Institute of Public Affairs and a bachelor's degree in political science and economics from the University of Vermont.

Eileen M. Sullivan-Marx

**Associate Professor and Associate Dean for Practice & Community Affairs
University of Pennsylvania School of Nursing**

Eileen M. Sullivan-Marx is an Associate Professor and Associate Dean for Practice & Community Affairs at the University of Pennsylvania School of Nursing. She holds the Shearer Endowed Term Chair in Healthy Community Practices. Dr. Sullivan-Marx had eight years of hospital-based and community nursing practice before launching a career as a primary care nurse practitioner in 1980. Throughout the following two decades, Dr. Sullivan-Marx began three new geriatric nurse practitioner practices that are ongoing today. In 1987 she established an independent nurse practitioner practice in rural New Hampshire creating a home visit practice and consulting practice new to that area. Dr. Sullivan-Marx continues today as an active international and national consultant on nurse practitioner and geriatric practice issues and oversees the School's practice and community mission that includes the Healthy in Philadelphia Initiative, the Center for Professional Development, Penn Nursing Consultation Service, Women's Health Services at Hamburg and Living Independently For Elders (LIFE), a program of comprehensive integrated health and social services for older adults in West Philadelphia recently featured in Nursing Spectrum. Dr. Sullivan-Marx leads the School of Nursing's efforts in community outreach integrating health with the community and university efforts to educate students and the community. She is a leading researcher on improving functional outcomes of older adults in community and institutional settings.

As the Associate Dean for Practice and Community Affairs at the School of Nursing, she facilitates the integration of practice, research, and education within their own practice, Living Independently For Elders (LIFE) now providing care to 300 frail elders every day, the University of Pennsylvania Health System that includes three academic medical centers and a home and hospice program, the Children's Hospital of Philadelphia, the Philadelphia Veterans Administration Medical Center, and the Visiting Nurse Association of Greater Philadelphia in which all of the chief nursing officers are appointed as Assistant Deans for Clinical Practice in the School of Nursing. In addition, she represents the school to the community, university, city and region for all community outreach activities.

Dr. Sullivan-Marx completed initial nursing education in 1972 at the Hospital of the University of Pennsylvania and received a bachelor's of science degree in nursing from Penn School of Nursing in 1976. She has a master's degree in science from the University of Rochester School of Nursing in 1980 and is a Distinguished Alumni of that school. She earned a doctoral degree from Penn in 1995 and is a Fellow in the American Academy of Nursing.

Paul B. Ginsburg
President
Center for Studying Health System Change

Paul Ginsburg is President of the Center for Studying Health System Change (HSC). Founded in 1995, HSC conducts research to inform policy-makers and other audiences about changes in organization of financing and delivery of care and their effects on people. Data are gathered through the Community Tracking Study, which includes surveys of households and physicians and site visits to interview health system leaders in 12 communities that are representative of the nation. HSC is widely known for the objectivity and technical quality of its research and its success in communicating it to policy-makers and the media as well as to the research community. A sister organization to Mathematica Policy Research, Inc., HSC is funded principally by the Robert Wood Johnson Foundation, but also receives funding from other foundations and from government agencies. To learn more about HSC, please visit its Web site: www.hschange.org.

Dr. Ginsburg served as the founding Executive Director of the Physician Payment Review Commission (now the Medicare Payment Advisory Commission). Widely regarded as highly influential, the Commission developed the Medicare physician payment reform proposal that was enacted by the Congress in 1989. Dr. Ginsburg was a Senior Economist at RAND and served as Deputy Assistant Director at the Congressional Budget Office. Before that he served on the faculties of Duke and Michigan State Universities. He earned his doctorate in economics from Harvard University.

Dr. Ginsburg is a noted speaker and consultant on the changes taking place in the health care system and the future outlook. In addition to presentations on the overall direction of change, recent topics have included cost trends and drivers, consumer-driven health care, future of employer-based health insurance and competition in health care. In 2006, for the fourth time, Dr. Ginsburg was named by Modern Healthcare as one of the 100 most powerful persons in health care. He recently received the first annual HSR Impact Award from AcademyHealth, the professional association for health policy researchers and analysts. He is a founding member of the National Academy of Social Insurance, a Public Trustee of the American Academy of Ophthalmology, and served two elected terms on the Board of AcademyHealth.

Joanne Spetz
Associate Director
Center for California Health Workforce Studies
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Joanne Spetz, Ph.D., is the Associate Director of the Center for California Health Workforce Studies, and an Associate Professor at the UCSF School of Nursing. Her areas of expertise include nursing labor markets, hospital industry structure and finance, quality of patient care, information technologies, maternal-child health, cost-effectiveness analysis, and econometrics.

She currently is evaluating the California Nurse Workforce Initiative, studying the supply and demand of R.N.s, researching the effects of hospital information technologies on patients and staff, tracking the effects of minimum nurse-to-patient ratios on the delivery of hospital care, and examining the effects of unions on health care.

Joanne was a member of the National Commission on VA Nursing, and is a member of the California Board of Registered Nursing Workforce Advisory Committee. She teaches financial management and health economics for nursing administration students.

Joanne received her Ph.D. in economics from Stanford University after studying economics at the Massachusetts Institute of Technology.

Sean Clarke
Associate Director
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Dr. Sean Clarke is the Class of 1965 25th Reunion Term Associate Professor of Nursing and serves as Associate Director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania in Philadelphia. Dr. Clarke is a fellow of both the Leonard Davis Institute of Health Economics and the Population Studies Center at Penn and is also an affiliated professor at the Faculty of Nursing at the Université de Montréal.

Dr. Clarke is best known for research on patient and nurse safety and workforce stability in hospital nursing. He has authored numerous data-based articles, commentaries and book chapters, served as principal investigator and co-investigator on a variety of grants, and spoken nationally and internationally on staffing, work environments, nurse occupational safety, and methodological issues in outcomes research. Dr. Clarke is an at-large member of the national Nursing Advisory Council of the Joint Commission on Accreditation of Healthcare Organizations. His consultations include ongoing work with hospitals, hospital systems and professional organizations, as well as collaborations with research teams in the U.K., Iceland, Switzerland, Belgium, Australia and Canada.

He serves on the editorial boards of the *American Journal of Nursing*, *Nursing Management* and the *American Journal of Infection Control* and is associate editor of the *Canadian Journal of Nursing Research*. He serves as director for the core course in leadership and professional issues in nursing in the undergraduate program at Penn Nursing.

Dr. Clarke received master's and doctoral degrees in nursing from McGill University in Montreal, Canada. He completed post-master's training as an adult critical care nurse practitioner and postdoctoral research training in nursing outcomes research at the University of Pennsylvania. He was inducted as a fellow of the American Academy of Nursing in November 2006.

Carol Raphael
President and Chief Executive Officer
Visiting Nurse Service of New York

Carol Raphael is the president and chief executive officer of the Visiting Nurse Service of New York, which is the largest nonprofit home health agency in the United States. She was director of operations management at Mount Sinai Medical Center and Executive Deputy Commissioner of Income, and Medical Assistance Administration at the New York City Human Resources Administration. She was a member of the Medicare Payment Advisory Commission (MedPAC), the commission that advises Congress on Medicare payments and policies (1999–2005), and several Robert Wood Johnson Foundation national advisory committees. She served on the New York State Hospital Review and Planning Council for 12 years (1992–2004), and chaired its Fiscal Policy Committee.

She is a member of the Harvard School of Public Health's Health Policy Management Executive Council, the Markle Foundation Connecting for Health Steering Group, the Advisory Group of the Care Giving Project and the Long Term Care Restructuring Initiative. She is on the Boards of Barrier Therapeutics, Excellus/Lifetime Healthcare Company, the American Foundation for the Blind, and Pace University. She chairs the New York eHealth Collaborative, which seeks to accelerate the adoption of health care information technology and the exchange of clinical data.

She has authored papers and presentations on post-acute, long-term and end-of-life care and co-edited the book *Home Based Care for a New Century*.

She has an M.P.A. from Harvard University's Kennedy School of Government, and was a Visiting Fellow at the Kings Fund in the United Kingdom.

James B. Rebitzer

**Carlton Professor of Economics and the Chair of the Economics Department
Case's Weatherhead School of Management**

Professor Rebitzer is the Carlton Professor of Economics and the Chair of the Economics Department at Case's Weatherhead School of Management. Before coming to Case Western Reserve, Rebitzer was an assistant and associate professor at MIT's Sloan School of Management; and prior to that was an assistant professor in the Economics Department at the University of Texas at Austin. Rebitzer is a Research Associate at the National Bureau of Economic Research (where he actively participates in both the Health Care and Labor Economics groups), and at the Levy Economics Institute. He is also a senior scholar at Case's Center for Health Care Research and Policy; a research fellow at the IZA, and an Affiliate of the Sloan Industry Centers Project.

Professor Rebitzer's research and teaching focus on organizational economics with a special emphasis on incentive systems in health care organizations. In 2004 his paper, "Physician Incentives in HMOs" (joint with Marty Gaynor and Lowell Taylor) won the Health Care Research Award given annually by National Institute for Health Care Management.

Rebitzer's current research in health economics is organized around two major projects. The first concerns the effects of the ongoing informatics revolution on the cost, quality and practice of medicine. The second project analyzes insurer incentives to manage chronic disease and invest in the future health of policyholders. He is also beginning a third project on the organizational economics of hospitals.

Rebitzer has published papers in leading academic journals including: *The American Economic Review*, *The Journal of Political Economy*, *The Quarterly Journal of Economics*, *The Review of Economics and Statistics*, *The Journal of Labor Economics*, *The Journal of Public Economics*, *The Journal of Economics, Behavior and Organizations* and the *Journal of Economic Literature*. Popular articles about his work have appeared in *The New York Times*, *The Washington Post*, *The Wall Street Journal*, and *The Financial Times*.

Joanne Disch
Professor and Director
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University of Minnesota School of Nursing

Joanne Disch, Ph.D., R.N., F.A.A.N., of Minneapolis, is professor and director of the Katharine J. Densford International Center for Nursing Leadership, and holds the Katherine R. and C. Walton Lillehei Chair in Nursing Leadership at the University of Minnesota School Of Nursing. She has extensive experience as educator, chief nurse executive, leader, researcher, policy-maker, and spokesperson.

In April 2006 Dr. Disch was elected Chairman of the AARP National Board, formerly known as the American Association of Retired Persons, for a two-year term. In other volunteer activities, Dr. Disch served as president of the American Association of Critical-Care Nurses (AACN), and president of the AACN Certification Board. She also chaired the American Nurses Association's Committee on Nursing Practice Standards and Guidelines, and the University Healthcare Consortium's Council of Chief Nurse Executives. Currently she is a contributing editor for the *American Journal of Nursing*, and is a member of the Board of Directors for Allina Health System. She is a fellow in the American Academy of Nursing.

Dr. Disch has received numerous awards including the Dorothy Garrigus Adams Award for Excellence in Fostering Professional Standards from Sigma Theta Tau International; Outstanding Faculty Member at Rush University College of Nursing; Outstanding Alumna Awards from the University of Wisconsin School of Nursing and the University of Alabama at Birmingham School of Nursing; and, most recently, the GE Pioneering Spirit Award from the American Association of Critical-Care Nurses.

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1. Business case for quality nursing care

Question: What is the relationship between nursing care, nursing workload, and nurse staffing, with cost and outcomes of care?

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2. Reimbursing hospitals for nursing care

Question: Would US hospitals, CMS, (and AHA) support a nursing intensity billing model that could potentially better align nursing costs with hospital reimbursement?

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