



**American Academy of Nurse Practitioners**  
**American College of Nurse Practitioners**  
**Gerontological Advanced Practice Nurses Association**  
**National Association of Pediatric Nurse Practitioners**  
**National Association of Nurse Practitioners in Women’s Health**  
**National Organization of Nurse Practitioner Faculties**

**Nurse Practitioner Perspective on Health Care Payment**

As discussions and decisions related to health care payment and reimbursement move forward, the nurse practitioner community urges policy makers to identify and implement changes that promote sustainable practice and access to care. In order for the nation to address access to care needs, reimbursement policies – across all payer entities—need to be updated to ensure that all providers are eligible to participate and are directly accessible to patients. Additionally, reimbursement practices should be based on the true costs associated with providing quality care and should promote the effective and efficient utilization of the healthcare provider workforce.

The current fee-for-service structure and reimbursement systems that are based on a provider’s discipline of preparation are creating disparities in patients’ ability to access care. This current structure forces billing practices that drive up the cost of care, decrease access, and create delays in care. This system promotes inefficient utilization of the healthcare workforce in ways that continue to limit transparency and restrict the ability to link providers with their care outcomes.

The vast majority of nurse practitioners throughout the United States provide primary care services. Multiple studies have demonstrated that the care provided by nurse practitioners epitomizes the delivery of high quality, cost-effective primary care and meets the National Commission for Quality Assurance (NCQA) and Medicare Payment Advisory Commission (MedPAC) standards of care for such entities as the Primary Care Medical Home. To maximize the potential of nurse practitioners to address care needs, adjustments to the reimbursement model will be essential.

## RECOMMENDATIONS:

- Support efforts that increase patient access to the full primary care provider workforce and allow for patient choice in provider selection.
- Re-engineer reimbursement systems to reflect the true costs of care to ensure that all practice settings, including primary care practices, nurse-managed health centers and emerging delivery models can be self-sustaining.
- Promote reimbursement based on services provided.
- Track provider-specific services and outcomes; linking outcomes to specific providers will promote accountability in care.
- Recognize outcomes of care as critical indicators in effective reimbursement models.
- Include nurse practitioner led practices and nurse practitioners as full partners in Medical Home, Accountable Care Organizations (ACOs), insurance exchanges and other developing innovations.
- Continue to remove the outdated legislative and regulatory barriers that impede the utilization of nurse practitioners to the top of their education and abilities in addressing patient care needs.

**Over the years, studies have consistently demonstrated that nurse practitioners provide high quality, cost effective primary care to patients of all ages in all walks of life. It is crucial that reimbursement policies and systems be re-engineered to reflect the true costs of care and promote sustainable practice.**

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