

POLICY FORUM: INVITED COMMENTARIES & SIDEBARS

Value-Based Payment Models and the Nursing Workforce: Clinical Implications for Care Delivery

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Value-based payment models may better support nurses in delivering patient-centered care by emphasizing outcomes, teamwork, and practice at the top of license. These models could have positive implications for clinical workflows, nurse satisfaction, retention, and access to care, particularly for complex and underserved patient populations.

Introduction

Nurses are integral to clinical care delivery, patient safety, and care continuity across all health care settings. At UnitedHealthcare Community Plan of North Carolina, the health plan employs over 50 nurses. These roles are integral to delivering high-quality care for the individuals we have the privilege to serve. Within health plans, nurses perform diverse and essential roles across utilization management, care management, quality, and clinical teams. Their work includes supporting members with chronic disease management and social determinants of health, collaborating closely with providers to improve quality and adherence to evidence-based care, and contributing to clinical and quality strategies aimed at improving population health outcomes and performance on key quality metrics.

As health systems increasingly adopt value-based payment (VBP) and alternative payment models (APMs), clinicians are reconsidering how care is organized and delivered. These models shift the focus toward outcomes, quality, and patient experience, domains where nursing contributions are particularly impactful.¹ For clinical teams, this shift presents an opportunity to better integrate nursing expertise into care delivery while improving both patient experience and job satisfaction.

Clinical Impact of Value-Based Care on Nursing Practice

Value-based care models emphasize interdisciplinary collaboration and encourage clinicians to work at the top of their licenses. For nurses, this can translate into a greater focus on clinical judgment, patient engagement, and proactive care rather than task-driven workflows.²

From a clinical standpoint, VBP can allow more time for patient education and shared decision-making, support proactive management of chronic conditions, and reduce unnecessary duplication of tasks.³ Care teams are better positioned to tailor interventions based on patient complexity and individual strengths, improving efficiency, outcomes, and job satisfaction, which is hugely important in workforce retention.

In 2025, UnitedHealthcare Community Plan of North Carolina expanded its value-based care incentive program to offer new earning opportunities for providers who actively engage members in their care and drive improved health outcomes. These enhanced incentives are designed to support efforts in closing care gaps across pediatric, adult, maternal, and women's health quality measures. UnitedHealthcare Community Plan of North Carolina's goal is to create a sustainable health care system that rewards quality, supports providers, and improves the lives of the people we serve. Nurses play a critical role in engaging patients in these efforts.

Clinical Vignette: Nursing Practice in a Value-Based Care Model

A registered nurse working in a primary care clinic serving a largely rural population manages a panel of patients with multiple chronic conditions, including diabetes, heart failure, and hypertension. Under a traditional fee-for-service model, most encounters are brief, problem-focused visits with limited time for education or follow-up.¹ Much of the nurse's role is reactive, responding to acute needs and completing documentation tied to individual visits.

As the clinic transitions to a value-based payment model focused on outcomes and total cost of care, the nurse's role evolves. Nurses become a central point of contact for patients between visits, conducting outreach after hospital discharges, reinforcing medication adherence, and addressing barriers such as transportation and health literacy.³ Because the care team is accountable for avoidable hospitalizations and readmissions, time spent on patient education and coordination is explicitly supported rather than seen as ancillary work.²

In this model, the nurse practices fully to the top of their license. They collaborate closely with physicians, social workers, and pharmacists, tailoring interventions based on patient needs and team strengths. The result is improved continuity of care, fewer urgent escalations, and greater professional satisfaction. From a clinical perspective, both patient outcomes and team functioning improve not through increased volume, but through more intentional, nurse-led care.

Nurse Retention, Recruitment, and Access to Care

Nurse retention remains a significant challenge, particularly in hospitals and rural or underserved areas where patient acuity and complexity are often high. Workforce instability disrupts care continuity, increases workload for remaining staff, and can compromise quality.

Workforce well-being is increasingly recognized as a prerequisite to achieving better outcomes and patient experience. Bodenheimer and Sinsky, in an AMA-affiliated perspective, argued that clinician burnout threatens the “Triple Aim,” the three inter-connected goals for improving health system performance, and proposed adding workforce well-being as a “Quadruple Aim.”⁴ For nursing, retention challenges are particularly consequential in rural and underserved settings where access constraints can be severe and chronic disease burden is high.⁵

A National Academies of Sciences, Engineering, and Medicine report similarly emphasizes that nurses require supportive environments and appropriate autonomy to meet future demands.⁶ When value-based models are implemented with intentional reinvestment in staffing, team infrastructure, and role clarity, they may better support nurse satisfaction and retention, though this depends heavily on local design and resourcing.^{6,7}

In North Carolina, UnitedHealthcare is working to expand access to care through a collaboration with North Carolina Community Colleges, launching the Future Leaders in Health Scholarship Program. The scholarship program supports students pursuing both short-term credentials and degrees in health care, specifically focusing on Nurse Aide I (NA I), Nurse Aide II (NA II), Practical Nurse (PN), and Associate Degree in Nursing (ADN) coursework.

Clinical Challenges and Implementation Considerations

While value-based care holds promise, it is not inherently protective of the nursing workforce. Poorly designed models may increase documentation burden or performance pressure without adequate staffing or infrastructure. Clinically, this risks exacerbating burnout rather than alleviating it.

Successful implementation requires meaningful inclusion of nurses in care redesign, realistic performance metrics aligned with clinical workflows, and sufficient staffing to support expanded roles. Without these elements, the clinical benefits of VBP may not be fully realized.

Progress and Future Opportunities

There has been progress toward team-based care models, improved care coordination, and greater emphasis on patient experience. These shifts align closely with nursing strengths.⁸ Future opportunities include expanding nursing leadership in clinical redesign and quality initiatives, embedding

nurses more intentionally in population health strategies, and using value-based frameworks to support workforce sustainability alongside patient outcomes.^{6,7}

For example, to support the future of nursing in North Carolina, UnitedHealthcare Community Plan of North Carolina provided the University of North Carolina at Greensboro (UNCG) with a \$715,000 investment for the UNCG School of Nursing. The investment will be used to increase access to care in rural and underserved parts of the state.

Conclusion

For clinical teams, value-based payment models offer a pathway to better align care delivery with patient needs and professional practice. By recognizing and supporting the full scope of nursing contributions, these models can improve patient outcomes, strengthen clinical teams, and stabilize the nursing workforce. Centering nurses in value-based care design is essential to achieving these goals.

Declaration of Interests

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