Title: Financing Universal Care Models in the United States: Identifying Payment Possibilities for Neighborhood Nursing

Submission Topic: Innovation in Payment and Reimbursement Models

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Background: The United States spends 18% of its GDP on healthcare yet achieves suboptimal health outcomes; accessible and upstream health and social care are a salient solution to this problem. Our team at Johns Hopkins School of Nursing is leading the development of Neighborhood Nursing (NN), a geographically-organized health and social care infrastructure that connects every person in a selected area with teams of nurses and community health workers. NN delivers preventive, promotive, and restorative health and social services in people's homes and community hubs based on what matters to them, including upstream, cost-reducing interventions such as care coordination and chronic disease and medication management. NN is designed to be payer and provider agnostic and universally accessible by all, shifting paradigms in current payment and delivery models. We are exploring radical and innovative funding approaches for NN to be universally accessible within the constraints of the existing, multi-payer U.S. healthcare system.

Purpose/Objectives: This study aims to identify—through interviews with local, state, and national health policy experts on payment and care delivery—payment pathways that enable and sustain access to universal care models like NN. We propose to develop a "portfolio of payment possibilities." Utilizing our team's expertise in systems design, we will also map and visualize the relationships, facilitators, and barriers of each payment option.

Methods: We are conducting video interviews over Zoom with health policy experts. Interview audios will be transcribed and verified by team for accuracy. Data collected will be cleaned, structured, and coded by thematic, relational, and structural analysis, using frameworks from systems, organizational, and policy design. These approaches will identify specific payment mechanisms, the relationships between each mechanism, and the underlying organizational models they were created to sustain. It will also surface value points (e.g., aspirations, motivations, drivers and barriers) for stakeholders. Findings will be compiled into "portfolio of payment possibilities" that outline viable payment possibilities, as well as gaps and opportunities.

Results: This study is currently ongoing, and results will be presented at the time of the conference.

Significance/Potential Implications: The United States has long struggled with health disparities perpetuated by inadequate access to health and social care. As our country continues to work toward ensuring that healthcare is available for all, our findings may illustrate potential pathways to creating localized universal access to care.

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Conflict of interest disclosures

The authors declare no conflict of interest.