Week 6 Change Agent Assignment Template

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Title of the Policy

Reforming U.S. Healthcare: Addressing Value-Based Care, Administrative Burden, and Workforce Sustainability

Importance of the Policy

The shift from fee-for-service reimbursement to value-based care (VBC) models was designed to improve patient outcomes while reducing unnecessary healthcare spending. While this transition holds promise, its implementation has created unintended consequences across the healthcare workforce. Policies governing VBC directly affect how hospitals are staffed, how clinicians are evaluated, and how care is delivered at the bedside. Without deliberate reform, the growing gap between policy intent and frontline reality will continue to erode both workforce sustainability and patient safety.

The Problem

The US healthcare system faces compounding crises rooted in structural misalignment between reimbursement policy and clinical reality. Value-based care programs. Administered primarily through the Centers for Medicare and Medicaid Services. Incentivize providers based on performance metrics such as readmission rates, quality scores, and patient satisfaction. While meaningful in intent, these metrics have driven administrative demands that increasingly pull clinicians away from direct patient care. Hafiz et al. (2024) identified that the fragmented care delivery system and workforce strain were significantly amplified during and after the COVID-19 pandemic, with healthcare organizations continuing to operate under cost containment models that prioritize efficiency over adequate staffing.

Nationally, nurses are caring for an average of 6.3 patients per shift, well above the 1:4 ratio recommended by the American Nurses Association (PRS Global, 2023). This understaffing is not simply a workforce inconvenience; it is a documented patient safety risk. Research published in the Journal of Nursing Management found that patients who receive care in units with adequate nurse staffing coverage experienced a 59% lower risk of in-hospital mortality, a 7% reduction in 30-day readmissions, and significantly fewer nurse-sensitive adverse events compared to patients and understaffed units (Juvé-Udina et al., 2025).

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