This year the International Nurses Day (IND) theme is **Nurses: A Force for Change: Care Effective, Cost Effective**. ICN selected this theme to emphasise the nursing profession’s ability and responsibility to contribute to care effective and cost effective health care, at the direct care delivery and health system levels.

As health care costs rise for governments, systems of universal health coverage (UHC) come under pressure. Nurses can contribute to preserving UHC by contributing informed advice and policy proposals on how to contain costs, while safeguarding quality of care.

ICN has developed an information kit that provides an overview of health financing. The information kit specifically looks at the efficient use of resources, effective service delivery and management within the health workforce, and the value of nursing. The IND kit’s key message is that “nurses are part of the solution, to achieve better health for all, in a cost effective and care effective way” (ICN, 2015). The kit is available on ICN’s website at http://www.icn.ch/publications/2015-nurses-a-force-for-change-care-effective-cost-effective/.

### Rising cost of healthcare a threat to UHC

In Australia, UHC was recently challenged when the Australian Government proposed to charge patients co-payments for general practitioner services. However, internationally, UHC has become an objective of health and development policy. “UHC aims to ensure that all people can use the promotive, preventive, curative, rehabilitative and palliative health services that are of sufficient quality, while at the same time ensuring that the use of these services does not cause financial hardship to the consumers” (WHO, 2013a in ICN, 2015).

“UHC represents three related objectives (Carrin et al., 2005 in ICN, 2015):

- Equity in access to health services - those who need the services should get them, not only those who can pay for them;
- The quality of health services is good enough to improve the health of those receiving services; and
- Financial risk protection - ensuring that the cost of using care does not put people at risk of financial hardship.” (ICN, 2015)

ACN supports ICN’s position statement which claims that “equity and access to primary health care services, particularly nursing services, are key to improving the health and wellbeing of all people” (ICN, 2007).

Countries face increasing health care demands and expenditure, due to population growth, ageing, wage inflation and the increasing costs of medicines and technology. Governments are under increasing pressure to generate, equitably distribute and efficiently use resources for UHC while ensuring quality of care, and protecting users from financial hardship due to out-of-pocket expenses. For many countries, health care is getting more expensive as they seek to fulfil their commitment to UHC. “The reality is new medicines and diagnostic and curative technologies are introduced into the health system faster than availability of new financial resources, thus inflating the cost of healthcare and driving a need to be more cost effective” (ICN, 2015).

### Care effectiveness and cost effectiveness contribute to UHC sustainability

Health practitioners can actively support the sustainability of UHC by working towards the goal of achieving care and cost effectiveness.

ICN’s information kit defines “care effectiveness,” as “care that is based on scientific evidence and produces the intended results or outcomes” (Newhouse & Poe 2005 in ICN, 2015). Care effective and cost effective care means that intended health outcomes are achieved at a reduced cost, while maintaining safe and quality care (ICN, 2015).

At the level of direct care, delivery nurses are well placed to devise and deliver care practices that are care and cost effective. They are also key contributors to the development and implementation of health policy broadly supportive of UHC.

### Nurses in policy development

There is broad scope for nurses to contribute to health services planning and decision-making and their contributions are essential to ensuring appropriate and effective health policy.

Nurses’ knowledge of direct care provision, within an environment of cost-quality constraints, enables them to provide advice on the impact of cost effectiveness oriented policies. This knowledge also makes it important that nurses contribute to public policy related to health workforce preparation, the design and development of care delivery systems, health care financing, health care ethics and determinants of health (ICN, 2015).

To take on policy advisory roles, nurses must be suitability skilled in formulating policy advice, so that they can provide creative and innovative solutions. They also need to be strategically placed throughout the health care system in positions of influence, to deliver this advice effectively. “In order to strengthen health systems, nurses need to be adequately prepared to help shape policy, work effectively in interdisciplinary teams, plan and manage health services, involve communities and key stakeholders in healthcare planning and delivery, and lobby for increased resource flow to health systems”. It is essential that nurses comprehensively understand the full context of policy formation and implementation so they don’t risk being excluded from policy processes (ICN, 2015).
Nurses can contribute valuable policy advice on areas such as:

• Efficient use of resources;
• Waste reduction (such as ordering inappropriate or unnecessary test and procedures);
• Quantification of the nursing inputs required for the achievement of desired health outcomes and quantification of these input costs;
• Identification of how best to deploy nurses, to achieve care effective and cost effective health care systems;
• Healthcare inefficiencies, variations and poor quality care that result in adverse outcomes; and
• How to reduce the rate of the aforementioned health inefficiencies from occurring (ICN, 2015).

**Policy knowledge toolkit**

A policy knowledge toolkit is necessary for nurses’ successful engagement with the policy formulation process. In order to genuinely influence policy development, in pursuit of health equity and UHC, nursing leadership and advocacy agendas must incorporate a sound appreciation of health financing processes and incentives (ICN, 2015). Health financing instruments support UHC and avoid placing cost-burdens on disadvantaged individuals and groups, thus facilitating universal access to care that promotes quality care at a low cost. Financing models that support UHC aim to enable appropriate access by removing cost-barriers to health care. Such barriers include out-of-pocket payments, unnecessary medical appointments to access referrals and diagnostic tests, and costs associated with distance and travel time to access health facilities.

**Primary Health Care Systems and Cost Effectiveness**

Increased emphasis on Primary Health Care (PHC) is critical to ensuring a cost effective and sustainable UHC. There is evidence that health systems that adopt a solid PHC orientation have more equitable health outcomes, work more efficiently, have fewer health costs, and achieve better health outcomes and higher user satisfaction than health systems with less commitment to the PHC approach (Pan American Health Organization, 2007 in ICN, 2015). The most effective health care systems are those where PHC incorporates a range of key publicly funded, universally accessible and equitable health services. However, such a system requires shifting the focus of healthcare from acute care to cost effective interventions at the community level that can be delivered by nurses.

Nurses are very well placed to contribute to cost effective PHC. PHC work is based on a multidisciplinary team-oriented approach, which is the foundation of person-centred healthcare. Nurses make a major contribution to the functioning and effectiveness of these health teams, due to their key roles in coordinating care, ensuring continuity of care and managing the dynamics of team interactions (ICN, 2015). That is why health systems need to be redesigned to optimise the contribution of nurses to health teams and to person-centred care (ICN, 2015).

**Actions**

Promoting the value, care effectiveness and cost effectiveness of nurses is key to shaping health policy and advocating for the nursing profession (ICN, 2015). Nurses are responsible for clearly articulating and demonstrating their value, in terms of care-effectiveness and cost-effectiveness, to consumers, health providers and to the range of health policy-makers. Nurses should engage in research and the development of innovative models of care delivery in order to demonstrate nurses’ capacity to plan, manage and develop judicious policy.

**The role of national nurses associations (NNAs)**

NNAs represent nurses with diverse skills and expertise. The collective knowledge and experience that NNAs represent is invaluable, especially to policy development and health sector reform. NNA’s need to factor health financing mechanisms into their work so their support will allow nurses to function at their optimum as care effective and cost effective professionals. Nurse clinicians, managers, academics and researchers can work with the NNAs to contribute to the nursing profession and health policy in order to help build healthier communities (ICN, 2015). ACN works closely with the nursing profession to drive issues within the policy space. Across the ACN membership there is a wide range of expertise and it is through member involvement and feedback that ACN is able to inform important policy work. ACN advocates for the governments for policies that support care effective and cost effective health care. For example, in its 2015-16 pre-budget submission, ACN advocated for the allocation of funding towards an independent national system for the collection, analysis and comparison of nurse sensitive indicators (NSIs). Such a system would constitute an important first step towards having reliable metrics on the quality of care largely impacted by the nurses’ output of care. NSI data would enable a more evidence-based approach to managing skill mix in nurse staffing and the impact on care and its outcomes (ACN, 2015).

In support of care and cost effective health care, ACN advocates for the federal government to fund a mapping exercise that identifies and describes nursing roles and functions outside the acute sector in community and primary health care. The availability of information, on the number of nurses and their roles in the non-acute sector, is an important prerequisite for greater and more effective utilisation of the nurse workforce. These data will facilitate the support of health care initiatives, integration of health services and developments of new models of care (ACN, 2015).

ACN offers valuable openings for members wishing to gain experience in the health policy space. Opportunities for representing ACN on committees and for providing input into policy issues are advertised in ACN’s weekly mail.

**Resources**

Australian College of Nursing. Federal Budget Submission 2015-16: Funding priorities. 2015.