

REVIEW ARTICLE

Nursing performance management under the reform of health insurance payment in China

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Keywords: Healthcare insurance payment reform, Nursing performance management, DRG/DIP payment, Total prepayment, Performance system optimization

ABSTRACT

Introduction: In recent years, China's health insurance payment reform has shifted from "project-based payment" to composite payment modes such as Diagnosis-Related-Group/Big Data Diagnosis-Intervention Pocket (DRG/DIP) payment and total prepayment, aiming to control health costs and improve service efficiency. Nursing, as the core process of health services, its performance management directly affects the quality of nursing and the effectiveness of health insurance fund utilization. At present, the reform of health insurance payment modes has posed new requirements for nursing staffing, service processes, cost control, etc. However, the problems of single evaluation indicators and insufficient connection with health insurance policies in traditional nursing performance management urgently need to be solved.

Methods: This review analyzed the correlation between health insurance payment reform and nursing performance management and sorted out the current practice status, challenges, and optimization paths of nursing performance system under the background of existing policies.

Results: In response to the impact brought about by the new healthcare payment reform, it is necessary to establish a healthcare-nursing linkage indicator system, formulate detailed nursing cost accounting and budget management, and innovate the performance distribution mechanism.

Conclusions: The article provides reference for building a nursing performance management model that conforms to the orientation of health insurance reform.

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What do we already know about this topic?

By analyzing the situation faced by nursing work under the reform of China's health insurance payment system, it is found that nursing work is encountering significant challenges. Issues such as the allocation of nursing human resources, service processes, and cost control all require corresponding adjustments to cope with the reform and development.

What is the main contribution to Evidence-Based Practice from this article?

In response to the impact brought about by the healthcare payment reform, it is necessary to establish a healthcare-nursing linkage indicator system, formulate detailed nursing cost accounting and budget management, and innovate the performance distribution mechanism.

What are this research's implications towards health policy?

Exploring the scientificity and rationality of problem-oriented incentive policies under the reform model of health insurance payment is the trend of future research.

Authors' Contributions Statement:

D.Y. and X.S. made substantial contributions to conception and interpretation of data; P.Y., D.X. and T.C. drafted the article or revising it critically for important intellectual content; S.G. and L.Z. assisted in data interpretation and manuscript editing. X.S. finally approved of the version to be published.

Introduction

With the continuous deepening of China's health security system reform, the payment method of health insurance is transforming from traditional project-based payment to value-based payment and performance-based payment. Among them, DRG refers to grouping cases with similar clinical characteristics and resource consumption into the same group based on factors such as patient disease diagnosis, treatment methods, and severity of the illnesses, and then determining payment criteria (SUN H, 2025). DIP means payment based on the scores of patient classification (SHEN H N, 2024). The diversified and composite payment methods centered on DRG and DIP have become the focus of reform. This change not only reshapes the operational logics of health institutions, but also puts forward new requirements for the quality, efficiency, and value realization of nursing services.

Nursing, as the core part in the health service system, has the closest contact with patients and the longest service process. Its performance management effectiveness directly affects the patient's health experience,

the efficiency of health resource allocation, and even the sustainability of health insurance funds (TAI P&CHEN X F, 2024). In recent years, with the comprehensive promotion of DRG/DIP payment reform, nursing work is shifting from "passive execution of health instructions" to "active participation in health management". The traditional performance management model dominated by workload is no longer suitable for the requirements of "equal emphasis on quality and efficiency" oriented by health insurance payment (Development Plan for National Nursing (2021-2025), 2022). An important issue that urgently needs to be explored in the current health and health field is how to build a nursing performance management system that is coordinated with the reform of health insurance payment. This system must not only stimulate the professional value of nursing staff through scientific evaluation, but also guide the transformation of nursing services towards high-quality development through precise incentives. This article aims to sort out the inherent relationship between health insurance payment reform and nursing performance management, to summarize relevant practical

experience and research progress at home and abroad, to analyze the challenges and opportunities faced by nursing performance management under the background of reform, and to provide theoretical references and practical paths for building a new nursing performance management model conforming to China's national situations.

1 The Policy Orientation and Core Content of China's Health Insurance Payment Reform

1.1 Reform Process and Current Situations

Reform is a dynamic evolution process. With the continuous adjustment of the health security system and policies, the payment modes of health insurance are gradually maturing from the initial imperfections (JIANG F, LUO L S, LI X Y, et al., 2025). After the 18th National Congress of the Communist Party of China, China's health insurance reform entered a new era and opened a new stage of systematic changes. In 2017, the General Office of the State Council issued a clear reform goal, which is to fully implement a diversified and composite health insurance payment mode predominantly based on DIP, and promote the transformation of payment methods from traditional project-based payment to value-based and performance-based payment. This reform targets characteristics of different health services, adopting multiple payment modes according to disease type, diagnosis related groups, number of patients, and days of hospital stay. The aims of this reform are to solve the problems of excessive health treatment and resource waste in traditional models, to optimize the allocation of health resources, and to improve health quality and efficiency. Furthermore, its profound impact extends to the fields of nursing services and performance management, becoming an important direction of nursing research (SHEN C, WANG Z H, ZHANG Q, et al., 2023). In 2020,

the Central Committee of the Communist Party of China and the State Council issued the Opinions on Deepening the Reform of the Health Security System, and further confirmed establishing an effective and efficient health insurance payment mechanism as the core reform task, which provided clearer guidance for subsequent reforms (SHEN C, WANG Z H, ZHANG Q, et al., 2022). In 2021, the National Healthcare Security Administration issued the Three Year Action Plan for DRG/DIP Payment Method Reform, which clearly stated that DRG and DIP should be the core to promote payment method reform and achieve full coverage nationwide by the end of 2025, covering all coordinated regions, eligible health institutions and disease type. This marks the transition of the reform from a local pilot to a systematically promoting stage, and sets a clear schedule for standardizing diagnosis and treatment behavior, improving service quality and reforming related performance management (The National Health Insurance Administration, 2021). On this basis, by 2025, the total prepayment mechanism of determining payment based on income, balancing income and expenditure, and slight surplus will be fully implemented, providing solid guarantees for the deepening of health insurance payment reform (MA D M, 2025). The core of these policies lies in using DRG/DIP payment as a lever to force health institutions to transform their operational logics (LIAO Z Y, JING O J, HUI W, 2024). By DRG/DIP payment, instead of traditional project-based billing, we can curb excessive health treatment from a mechanism perspective, promote health institutions to pay attention to the balance of cost-effectiveness in diagnosis and treatment, optimize resource allocation while ensuring service quality, and deeply influence the management and practice of nursing and other processes.

1.2 The Impacts on Nursing Services

1.2.1 Reshaping Service Value: Under the reform of DRG health insurance payment methods, the value logics of nursing services has undergone a fundamental transformation. In the traditional "project-based payment" model, nursing value is often dependent on the quantity accounting of specific operational items, and service pricing is weakly related to technical difficulty and professional judgment. In DRG payment, nursing services were packaged into the total cost of the diagnosis related groups, its value needs to be reflected through two dimensions: on the one hand, it needs to highlight the "technical labor value", that is, the key role of professional decision-making and continuous care during disease observation, complication prevention, rehabilitation guidance and other nursing processes in patient prognosis, and to break through the limitation of calculating value based on operation (ZHANG Y H, ZHU H M, LI T, et al.,2025; SUN H,2025). On the other hand, it is necessary to strengthen the cost control contribution. Under the constraint of the total amount of disease group, nursing services need to optimize processes, reduce unnecessary consumption, and lower overall health costs, becoming an important support for health institutions to achieve balanced benefits under DRG payment (CHEN Y, CHEN D J, FU M L, et al., 2022). This value reshaping promotes the transformation of nursing from "passive execution of health instructions" to "active participation in value creation".

1.2.2 Dual orientation of quality and efficiency: Under the framework of health insurance payment reform, the dual orientation of quality and efficiency is deeply integrated into the nursing performance management system through specific evaluation indicators (LI S, HOU M, ZHANG X M, et al.,2020) The health insurance fund utilizes core indicators such as

average length of hospital stay and incidence of complications as key criteria for evaluating the service effectiveness of health institutions. The achievement of these indicators is closely related to the professionalism and continuity of nursing services (LI M., 2020). This mechanism reversely forces nursing services to shift from traditional process-oriented to outcome-oriented: on the one hand, it is necessary to optimize nursing processes and strengthen observation and intervention of illness state, to promote the transformation of patient diagnosis and treatment cycles to "short, adaptable and fast" processes, and to ensure rehabilitation effects while shortening the average length of hospital stay. On the other hand, it is necessary to reduce the incidence of complications through refined risk management and achieve the goal of low-risk services. This transformation is not simply about improving efficiency, but about optimizing efficiency based on quality. It requires the nursing performance management system to incorporate the correlation between the above indicators and nursing procedures into the evaluation, thereby forming a virtuous cycle of mutual support between quality and efficiency.

2 The Current Practice Status of Nursing Performance Management under the Reform of Health Insurance Payment

2.1 Analysis of Existing Performance Management Models

2.1.1 Evaluation indicator system: In current nursing performance management practices, the construction of the evaluation indicator system still bears obvious imprints of traditional models. The existing indicators mostly focus on the core dimensions of nursing workload and patients' satisfaction, emphasizing the evaluation of the basic quantity and superficial experience of nursing

services (YANG Na, CHEN Yao, WEI Wei, et al., 2024). However, there is a significant disconnect between this indicator setting and the direction of health insurance payment reform. Because traditional system does not fully include efficiency indicators directly linked to health insurance payment, such as cost control rate and patient turnover rate of DGR groups, nor does it consider the correlation between nursing services and the efficiency of health insurance fund utilization, as well as the optimization of health resource allocation. Therefore, it is difficult for nursing performance management to effectively respond to the requirements of health insurance payment methods for quality-efficiency-cost synergy.

2.1.2 Incentive mechanism: In the aspect of incentive mechanism, the current nursing performance management still generally follows the distribution logics of directly linking with department income, that is, the determination and distribution of nurses' performance compensation largely depends on the economic benefits of the department (WANG Jing, XIAO Fei, JIANG Qing-ping, et al., 2020). Before the reform of health insurance payment, this model had certain rationality due to its ability to intuitively reflect the principle of "more work, more pay". However, in the context of cost control becoming the core orientation of health insurance, its limitations have become increasingly prominent. The reform of health insurance payment strictly restricts the growth of health expenses through mechanisms such as DRG/DIP payment and total prepayment, which directly leads to a significant reduction in the expansion space of departmental income. Even some departments need to actively reduce service items due to cost control requirements to avoid overspending (LI Hong., 2024). At this point, the performance allocation based on departmental income is trapped in a vicious

cycle of "limited income growth→difficulty in improving overall performance→insufficient individual incentives". At the same time, the labor value of nurses is not independently and scientifically quantified, and their additional efforts in cost control and quality improvement cannot be reasonably feedback through the salary system, thereby weakening the endogenous motivation to actively participate in the adaptation of health insurance policies and optimize nursing processes. It further forms a chain reaction of "cost control pressure transmitted to departments→ineffective incentive mechanisms→hindered improvement of nursing efficiency", which contradicts the requirement of health insurance reform for "improving the quality and efficiency" of nursing services.

2.2 Typical Regional/Institutional Practice Cases

Guo Jing et al. (GUO Jing, LIN Dong-lin, HE Li, et al., 2021). Liu Jie et al. (LIU Jie, WEN Mei-lin, XU Fei, et al., 2020) used 56 nursing units in a tertiary hospital in Xinjiang as the study subject, and constructed two performance models based on nursing levels combined with DRG. Comparative analysis showed that the introduction of DRG increased the proportion of excellent units, and the performance better reflected the actual difficulty and value of nursing, with a more fair structure, providing a new method for nursing performance management used the Resource-based Relative Value Scale (RBRVS) to evaluate the performance of nursing staffs in the Shanghai Sixth People's Hospital East. By dividing nursing projects and determining points, performance allocation was implemented. The results showed that the hospital's operational efficiency was improved, patient satisfaction was increased, and it could reflect the principle of "more work, more pay" and "better performance, better compensation". This effectively mobilized the enthusiasm of nursing

staffs and had a cost control effect. Huang Jiaxin et al (HUANG Jia-xin, FANG Liang, XIONG Xiao-yun, et al., 2025) took the Second Affiliated Hospital of Nanchang University as the practical subject and constructed a "six in one" nursing performance allocation plan based on RBRVS, which involved six modules including job basic performance, accounting performance, etc., where multiple dimensional evaluation was performed based on workload and quality assessment. After implementation, it was found that nurses' job satisfaction increased, turnover rate decreased, inpatients' satisfaction increased, average length of stay shortened, and indicators for research and management of nursing improved. It indicates that this program can effectively stimulate nurses' enthusiasm, improve nursing efficiency and quality, and provide a new path for promoting the refinement and standardization of nursing management.

3 Existing Problems and Challenges

3.1 The Indicator System is Disconnected from the Health Insurance Policies

At the level of connection between the indicator system and health insurance policies, there are obvious structural deficiencies in current nursing performance management, mainly reflected in the lack of assessment in two key dimensions: the utilization efficiency of nursing resource and the compliance of health insurance fund. The former, such as the number of nursing patients per capital, which suggest the efficiency of human resource allocation, has long been absent, resulting in a lack of quantitative guidance for nursing teams in personnel scheduling, workload allocation, and other aspects that are compatible with the reform of health insurance payment. It is difficult to achieve a balance between service efficiency and cost control by optimizing human resources investment (HUANG Hai-xia,

FANG Gui-rong, LIU Yang, et al.,2024).The latter is manifested as a gap in the assessment of the compliance of health insurance fund application such as avoiding divided-hospitalization, which leads to a lack of sufficient attention to the rationality of patients' hospitalization cycles and the compliance of diagnosis and treatment behaviors in the implementation process of nursing services. This not only fails to effectively help health institutions avoid the risk of health insurance violations, but also makes it difficult to embed nursing work into the entire process of fine management of health insurance funds (ZHOU Li-ying, TAO Jun-liang, DENG Xin-xin, et al., 2025). This dual deficiencies leads to the formation of "two skins" between nursing performance management and the core goals of health insurance policies, which cannot fully play a guiding role in nursing behavior.

3.2 The Cost Accounting System is Not Perfect

In the perspective of cost accounting, in the field of nursing, a refined accounting system that is compatible with the DRG/DIP payment mechanism has not yet been established. Its core weakness lies in the lack of scientific quantification basis for the allocation of nursing labor costs to specific disease groups (DAI Chao-yang, LI Hu-shi, YANG Xiaojing, et al., 2024). The current nursing labor costs are mostly calculated as a whole by department, and then allocated to each disease group through simple average distribution or by professional title coefficient, which fails to fully consider the differentiated needs of different disease groups in terms of nursing time investment, professional skill requirements, and manpower allocation intensity (LI Xin,, XIONG Li-juan, HE Jia, et al., 2020; CHEN Xi, HOU Xiu-fang, LI Qiu-ping, et al.,2019) . This extensive cost allocation model directly leads to structural mismatches between nursing cost data and DRG/DIP payment standards based

on disease groups. On the one hand, health institutions are unable to accurately calculate the actual cost proportion of nursing services in different disease groups, making it difficult to achieve optimal allocation of nursing resources under the health insurance payment framework. On the other hand, the cost value of nursing services cannot be truly reflected through the accounting system, which may lead to underestimation of costs, resulting in insufficient investment of nursing staffs, or lead to overestimation of costs, thereby affecting the overall cost control efficiency of the patient groups. The imperfect cost accounting system ultimately restricted the responsiveness of nursing performance management to health insurance payment reform.

3.3 Conflict between Nurse Career

Development and Performance Orientation

With health insurance payment reform strengthening cost control in the background, some health institutions may reduce or strictly limit the growth of nursing staff allocation in order to compress costs, which directly triggers a deep conflict between nurses' career development and performance orientation (DAI Chao-yang, LI Hu-shi, YANG Xiaojing, et al.,2024;LIXin, XIONG Li-juan, HE Jia, et al.,2020). Under the pressure of cost control, the performance evaluation system often leans towards "efficiency first", giving priority to indicators such as service speed and cost reduction, which indirectly contribute to prioritizing efficiency over quality (ZHOU Fu-zhang,2020; LI Zi-wei, CHEN Deng-ju, LIU Ying, et al., 2025). At the same time, this orientation can also distort nurses' career development cognition, forcing them to devote their energy on promoting short-term efficiency under performance pressure, rather than elements of long-term career development, such as improving professional skill and cultivating humanistic care ability, ultimately leading to a

disconnect between the professional growth of the nursing staffs and the goals of providing high-quality service required by health insurance reform (SPIRIG R, SPICHTIGER E, MARTIN J S, et al.,2014; ZHANG Yu-hong, WU Huan, ZHANG Ming-yue, et al.,2023).

4 Optimization Strategies for Nursing Performance Management under the Reform of Health Insurance Payment

4.1 Constructing a Linkage Indicator System between Health Insurance and Nursing

Building a linkage indicator system between health insurance and nursing is a core measure to achieve resonance between nursing performance management and health insurance payment reform. This system needs to break the singularity and isolation of traditional indicators, and establish a three-dimensional integrated evaluation framework of quality-efficiency-cost based on the logics of health insurance payment. In terms of specific indicator design, DRG/DIP payment related core indicators should be deeply coupled with nursing professional indicators (ZHAO Fang, DING Jing-hong,, ZHOU Jun, et al.,2023). Through this linkage design, nursing performance evaluation can not only directly respond to the evaluation requirements of the health insurance fund for cost-effectiveness, but also fully reflect the professional value of nursing services in improving patient outcomes and reducing health risks, thereby forming a positive cycle of "nursing behavior optimization→health insurance indicator improvement→performance evaluation enhancement", and providing scientific and dynamic quantificational basis for nursing performance management.

4.2 The Cost Accounting and Budget Management of Refined Nursing

The implementation of refined nursing cost accounting and budget management is a key

path to connect DRG/DIP payment standards and improve the efficiency of nursing resource allocation (SHEN C, WANG Z H, ZHANG Q, et al., 2023). While the introduction of activity-based costing (ABC) (LAI Feng-guo, LAI Yan, WANG Ye-fang., 2023) provides a scientific tool for this goal. The activity-based costing method is based on the core logics of activities consuming resource and product consuming activities, which can break the limitations of traditional extensive accounting. Direct costs can be directly collected by tracing the actual consumption of specific disease groups. Meanwhile, indirect costs need to be accurately allocated to the corresponding disease groups based on the intensity of resource investment in nursing operation processes. On this basis, it is crucial to establish a dynamic bench marking mechanism between nursing costs and health insurance payments. The actual nursing costs of each disease group should be compared in real-time with the approved nursing cost quota in the health insurance payment standards, making it possible to clearly identify the source of cost discrepancy, whether it is due to unreasonable utilization of consumables leading to direct cost overruns or excessive indirect costs caused by redundant staffing. This mechanism not only provides data support for health institutions to adjust nursing resource allocation and optimize nursing workflow, but also enables nursing cost accounting results to directly serve performance evaluation, as well as links performance-based allocation with cost control contributions, thereby promoting the healthy operation of nursing services within the health insurance payment framework with controllable costs and optimal value.

4.3 Innovation of Performance-based Allocation Mechanism

Under the background of health insurance payment reform, the innovation of

performance based allocation mechanism is a key breakthrough in stimulating the endogenous motivation of nursing staffs (LI Fen, JIN Chun-lin, ZHU Li-ping, et al., 2021), among which the pilot model of “sharing of health insurance fund surplus” has important practical significance. The core logics of this model is to extract a certain proportion of the surplus of health insurance funds generated by optimizing service processes and controlling unreasonable costs in health institutions as nursing performance-based reward-funds, so that the labor input of nurses is directly linked to the effectiveness of the utilization of health insurance funds.

The innovative value of this allocation mechanism is reflected in two dimensions. On the one hand, it breaks the limitations generated by binding of traditional performance-based allocation and departmental income, and opens up a new path for nursing performance growth under the rigid constraints of health insurance cost control, allowing nurses to directly benefit from practices of cost controlling and efficiency improving, effectively restoring the decreased enthusiasm caused by limited income increase. On the other hand, by clearly rewarding high-risk and high-tech positions, it can guide nursing human resources to flow towards fields of higher clinical value, and promote the deep adaptation of nursing professional capabilities to the needs of health insurance reform. From an operational perspective, this model requires the establishment of scientific surplus accounting and allocation rules to ensure that surplus funds are truly generated from the improvement and efficiency of nursing services, rather than excessive cost control that sacrifices service quality. This will create a balance between motivating nurses and protecting patient rights, ultimately achieving a shift in nursing performance-based allocation from

passive adaptation to proactively taking the lead in health insurance reform.

5 Future Development Trends and Prospects

5.1 Application of Digital Performance Management Tools

Against the backdrop of the evolution of health insurance payment reform towards refinement and intelligence, the deep application of digital performance management tools has become an inevitable trend for upgrading nursing performance management (LI Miao-miao, XIONG Li-juan, QI Lei, et al., 2025; YU Ting, YAN Bo., 2022). Among them, the seamless integration of the Hospital Information System (HIS) and the health insurance settlement system to build a real-time capture and analysis platform for DRG/DIP related nursing data is the core path to achieve automated evaluation of performance indicators (YU Hai-zhu, WU Jian-wei, CHEN Da-peng, et al., 2020). Traditional nursing performance data collection relies on manual statistics, which not only has the risk of delaying and errors, but also fails to meet the high-frequency needs of DRG/DIP for dynamic data such as patient group costs and pathways of diagnosis and treatment. Through system integration, key data such as nursing operation records, consumables usage details, and patient outcome information can be automatically captured and matched with DRG grouping results, payment standards, and other information in the health insurance settlement system, generating core performance indicators such as control rate of nursing cost and compliance rate of disease group nursing quality in real time (CAI Yi., 2022). This automated assessment mechanism can not only significantly improve data accuracy and timeliness, but also identify the correlation between nursing behaviors and health insurance payment indicators through algorithm models, providing more refined

quantification basis for performance evaluation. In addition, the system can dynamically update indicator weights according to health insurance policies, ensuring that performance evaluation is always synchronized with the direction of reform. At the same time, it provides nurses with real-time personal performance query function, enhances evaluation transparency and well-directed incentives, and promotes the transformation of nursing performance management from "post evaluation" to "process optimization".

5.2 Exploration of Health Insurance Pricing based on Nursing Service Value

Exploring the pricing of health insurance based on the value of nursing services is a key measure to break through the current bottleneck of nursing performance-based incentives and demonstrates the independence of nursing professionals (LI Zi-wei, PENG Dan, LIU Ying, et al., 2025). Its core lies in breaking through the limitations of traditional health service pricing that emphasizes health operations over nursing technology, and incorporating "nursing technical projects" with professional techniques into the health insurance payment catalog according to value dimensions. For example, wound and stoma care requires the development of personalized healing plans based on the patient's individual conditions. Geriatric specialized care involves functional evaluation of multi systems and comprehensive interventions. Such services embody the professional judgment and technical accumulation of nurses, and reasonable health insurance payment standards should be determined through scientific cost accounting and value evaluation. The establishment of this pricing mechanism can not only broaden the incentive space for nursing performance fundamentally, but also enable nursing technical services to directly

generate quantifiable contributions to health insurance payments, which can then be transformed into the material basis for performance-based allocation. It can better guide the development of nursing professionals towards refinement and specialization, and promote the transformation of nursing services from auxiliary process attached to health care to professional fields that independently create value. At the same time, this exploration requires the establishment of a nursing technical value evaluation system, dynamically adjusting payment standards based on the characteristics of DRG/DIP disease groups, ensuring that pricing not only conforms to the cost-benefit principle of health insurance funds, but also truly reflects the long-term value of nursing techniques in improving patient outcomes, reducing readmission rates, and providing sustainable value support for nursing performance management.

5.3 Construction of Multidisciplinary Collaborative Performance System

Building a multidisciplinary collaborative nursing performance system is an institutional guarantee for achieving deep integration between nursing performance management and overall hospital health insurance management (TIAN Yong-sheng, YANG Xiu-hui, WU Jun, et al., 2022). The core path lies in collaborating with key departments such as the health insurance office, finance department, and clinical department to establish a "nursing health insurance" linkage management committee, forming a cross departmental and full process collaborative mechanism (HE Xiao-yan, LI Xue, LAI Sha., 2023). The collaboration between the health insurance office, finance department, clinical department, and nursing management department can break the limitations of "nursing performance self circulation". Through regular meetings of the

Joint Management Committee, nursing performance indicators will be linked to cost control targets of hospital health insurance for assessment. Meanwhile, the effectiveness of nursing in controlling patient costs and reducing patient readmission rates will be included in the health insurance cost control evaluation system and given weight. This system has significant advantages. Firstly, it leverages multidisciplinary strengths to align nursing performance goals with health insurance policies and hospital realities, avoiding individual efforts. Secondly, it clarifies the role and responsibilities of nursing in health insurance cost control, promotes its integration into core links such as cost control and diagnosis and treatment optimization. Meanwhile, it not only enhances the strategic value of nursing performance, but also provides professional support for the efficient use of health insurance funds, ultimately forming a win-win pattern of "nursing performance improvement-health insurance cost control standards-hospital operation optimization".

6 Summary

The reform of health insurance payment, as the core driving force for promoting the transformation of the healthcare system, has profoundly reshaped the value dimension and management logics of nursing services, and also put forward systematic reconstruction requirements for nursing performance management. At present, nursing performance management is in a critical period of transformation from traditional "workload-oriented" to "quality-cost-efficiency synergy". Although innovative explorations such as indicator linkage and cost control have been demonstrated in the practice of some regions and institutions, it still faces practical challenges such as the disconnection between the

indicator system and health insurance policies, insufficient refinement of cost accounting, and conflicts between incentive mechanisms and cost control targets.

In the future, it is necessary to be problem-oriented and promote the deep adaptation of nursing performance management to health insurance payment reform through strategies such as building a health insurance nursing linkage indicator system, implementing refined accounting based on activity-based costing, and innovating the incentive mechanism of “sharing health insurance fund surplus”. At the

same time, relying on digital tools to empower and explore the health insurance pricing based on value of nursing services, and building a multidisciplinary collaborative system, which further enhances the scientific and forward-looking nature of nursing performance management, ultimately achieving a win-win situation for nursing service quality, health insurance fund benefits, and nursing team development, as well as providing solid nursing support for the high-quality development of the health and health system.

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