Meet the Quadruple Aim with Peer Specialists

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Mental Health America

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Presenters

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Overview

- Where we are now?
- What isn't working?
- What are peers and how do they help?
- Barriers to the expansion of peers
- Solutions to expand peers and improve mental health outcomes

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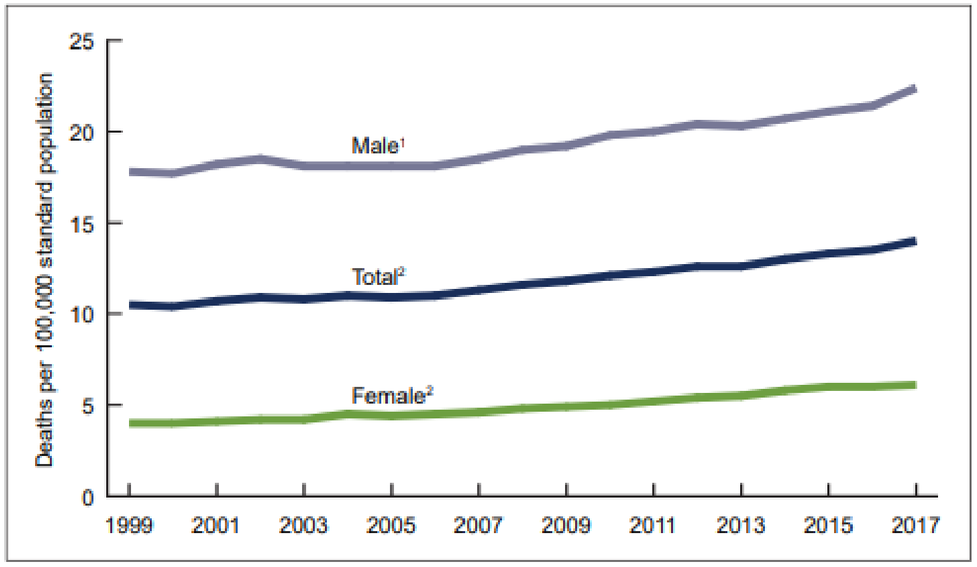
Where are we now?

Figure 1. Age-adjusted suicide rates, by sex: United States, 1999–2017



¹Stable trend from 1999 through 2006; significant increasing trend from 2006 through 2017, $p < 0.001$.
²Significant increasing trend from 1999 through 2017 with different rates of change over time, $p < 0.001$.
NOTES: Suicides are identified using *International Classification of Diseases, Tenth Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db330_tables-508.pdf#1.
SOURCE: NCHS, National Vital Statistics System, Mortality.

- Increases in suicide and drug-related deaths
- Increased awareness and demand for services
- Supports are often triggered by crisis

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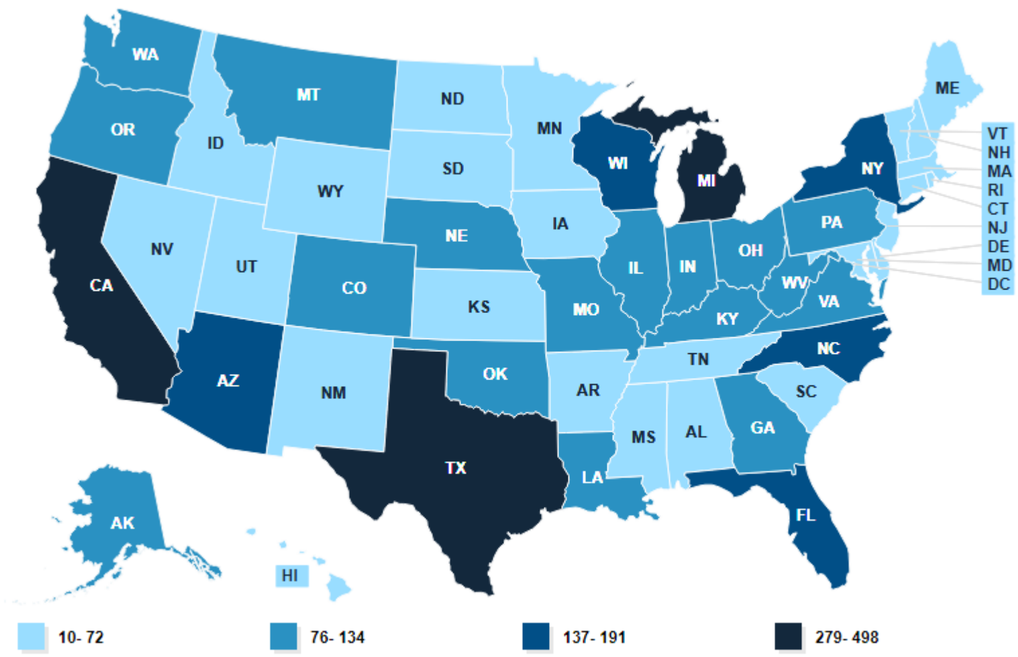
Where are we now?



Mental Health Care Health Professional Shortage Areas (HPSAs), Kaiser Family Foundation, 2018 https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?activeTab=map&currentTimeframe=0&selectedDistributions=total-mental-health-care-hpsa-designations&sortModel=%7B"colId":"Location","sort":"asc"%7D

- Behavioral health workforce shortage
- Waiting for full mental health parity
- People don't engage with or stay engaged with services
- Lack of consistent outcomes and improvements for individuals receiving support

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What isn't working?

- Lack of providers and engagement strategies
- Inconsistent supports and outcomes
- Not comprehensive in meeting people's needs
- Not informed by the voices of lived experience

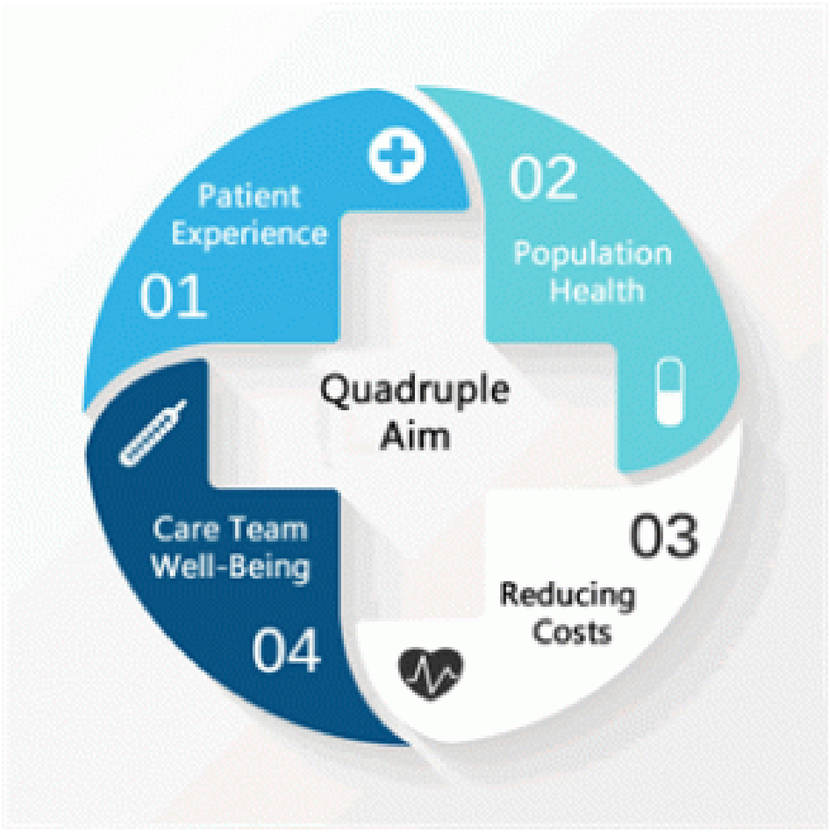
What isn't working?

Old paradigm of paying for things as they happen that doesn't consider overall costs and goals.

When people receive services, we spend a lot on the most expensive levels of care that don't incentivize improvement in well-being, self-management, and empowerment.

We aren't thinking about people comprehensively, and we are not paying for services that way either.

Quadruple Aim



- Leaders in the field recognize how expensive and ineffective this strategy is in all health care, not just mental health
- New focus on Quadruple Aim as goal of healthcare
- New goals mean rethinking how we approach and support people

Bodenheimer et. al., 2014

What are peers and how do they fit?

Peer support specialists are individuals with lived experience of mental health conditions and/or substance use disorders who received specialized training to support others.

The evolution of modern peer support

1970s

The modern era of peer support as we know it has history with civil rights and de-institutionalization. Individuals leaving psychiatric institutions began supporting one another.

(Davidson, et.al, 2012)

1980s

Consumers began working paid and volunteer jobs in public behavioral health.

Bluebird, 2017, p. 1-3)

1999

Georgia Medicaid Authority approves peer support as a reimbursable mental health service

(Velicer, 2012)

2001

Georgia creates first formal state certification

2007

CMS declares peer support an evidence-based practice

(Smith, 2017, p. 1)

Today

Vast majority of states now have certification and Medicaid payment for peer specialists with little progress into private sectors

What do peers do?

Support	Model	Navigate	Teach	Connect
Provide direct support through shared experience	Model recovery and inspire hope	Help with navigation of resources	Teach health, self-management, goal setting, and self-advocacy skills	Connect to community-based supports to meet comprehensive needs

"They may also plan and develop groups, services or activities, supervise other peer workers, provide training, gather information on resources, administer programs or agencies, educate the public and policymakers, and work to raise awareness." (SAMHSA, 2018)

Where can you find peer support?

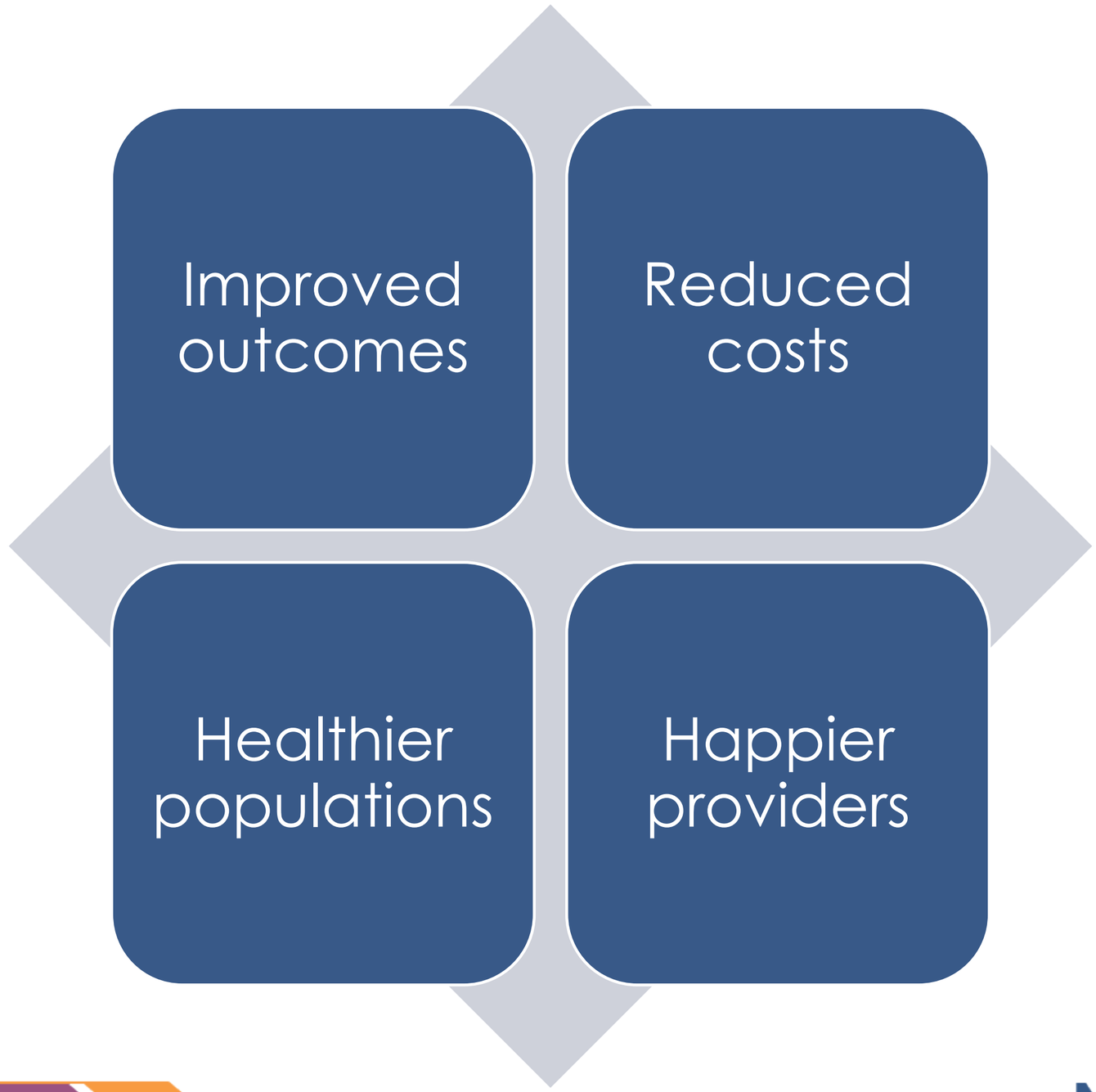
Peers can be found across settings including: inpatient services, emergency departments, peer-run respites, community mental health centers, peer-run organizations, phone-based peer support, jails, prisons

Peer vs Clinical Perspective

Peer Specialist Perspective	Overlap	Clinical Perspective
Work is guided by the Principle of Mutuality, defined as a focus on the connection between the Peer Specialist and the peer wherein there is reciprocity.	Unconditional positive regard for the individual being served.	Clinicians are in the role of helping and supporting participants with a focus on diagnosis, identification of strengths and treatment. There is no expectation of reciprocity in clinician/participant relationships.
Focus on learning together rather than assessing or prescribing help.	A desire to support recovery and the person's achievement of their human potential.	Focus on assessing and helping.
Do not participate in the delivery of involuntary interventions such as commitment to a hospital or outpatient commitment	Both clinicians and Peer Specialists recognize the importance of choice and self-determination in the recovery process.	Involuntary interventions such as commitment to a hospital can be justified as clinicians struggle to balance the Duty to Care with the Dignity of Risk

Deegan, 2017

The impact of peers



The impact of peers

Improved outcomes:

- Improved quality of life
- Decreased depression and substance abuse
- Increased hope
- Improved social support and functioning

SAMHSA, 2017

The impact of peers

Reduced costs:

- Reduced hospitalizations
- Reduced lengths of stay
- Reduced emergency department utilization

Optum, 2016

SAMHSA, 2017

The impact of peers

Healthier populations:

- Successful outreach and engagement
- Focus on overall health and wellbeing, including chronic health conditions

Optum, 2016

Davidson et.al., 2012

The impact of peers

Happier providers:

- Help address behavioral health workforce shortage
- Task sharing
- Improve relationships between individuals and their providers

SAMHSA, 2017

Barriers to the expansion of peers

Certification standards

Health system knowledge

Lack of knowledge and training for traditional providers

Unclear payment options

Certification Standards

- Peer support has grown significantly but has inconsistent standards and requirements across the US
- 45 states have certifications
  - Requirements range from 35 hours to 100 hours training, no required experience to 2,000 hours experience

Health system knowledge

- Health systems may have heard of peers but are unsure of how to integrate them and where they fit

Lack of knowledge and training for traditional providers

- Peers confront power dynamics
- Professionals often don’t understand clear role of peers
- Can push peers into clinical roles or other roles not related to their training

Unclear Payment Options

- Currently peers are paid for through Medicaid and state and local funds
- MCOs are leaders in peer support expansion
- Unsure of how to expand peers
- Don’t necessarily fit best in FFS

Solutions to expand access to peers

National Certified Peer Specialist (NCPS) certification

Technical assistance to health plan and health system leaders

Training and support for traditional providers

New payment focuses and opportunities

National Certified Peer Specialist (NCPS)

- First national advanced peer specialist certification sets uniform high standard across the country
- Prior state certification with minimum of 40 hours training or approved MHA training; minimum of 3,000 hours direct experience; supervisory and professional letters of recommendation; pass 125-question exam
- Emphasis on peers as part of integrated teams with whole health focus

Technical assistance to health plan and health system leaders

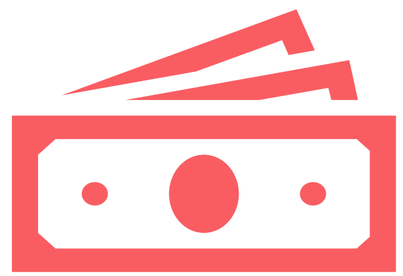
- Peer-run support programs and health systems as partners in addressing one another's needs
- Provide TA that includes analysis on where to best begin with peers

Training and support for traditional providers

- Train providers before integrating peers and provide ongoing support around roles, supervision

New payment focuses and opportunities

- MHA pilots contracted with affiliates:
  - Hospital Corporation of America hospital funds- half from national HCA and half from hospital as a grant
  - Health System Kaiser Permanente used Internal Care Management Instituter for creative models
  - Health plan: Per diem contracts
  - Funds not being paid out of plan dollars but out of pilots
- APMs
  - Population-Based Payment Models, Episode-Based Payment Models, Social Determinants of Health Models



Summary

Peer support can help us improve outcomes, reduce costs, reach more people, and improve the lives of providers.

Partnering with organizations like MHA and the NCPS can provide up front and ongoing strategies to create the best outcomes for all.

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Upcoming Sessions

- **Employing Peers 101, April 17**
  - A five-hour intensive session where you'll learn where peers fit, how to prepare your organization for peers, and how to hire and supervise peer specialists.
- **Peer Support for Payers and Health Systems, April 19**
  - A five-hour intensive sessions where you'll learn the costs and quality improvements that peers provide, how to measure them, and the best settings for peers in the population you serve.

Questions

Citations

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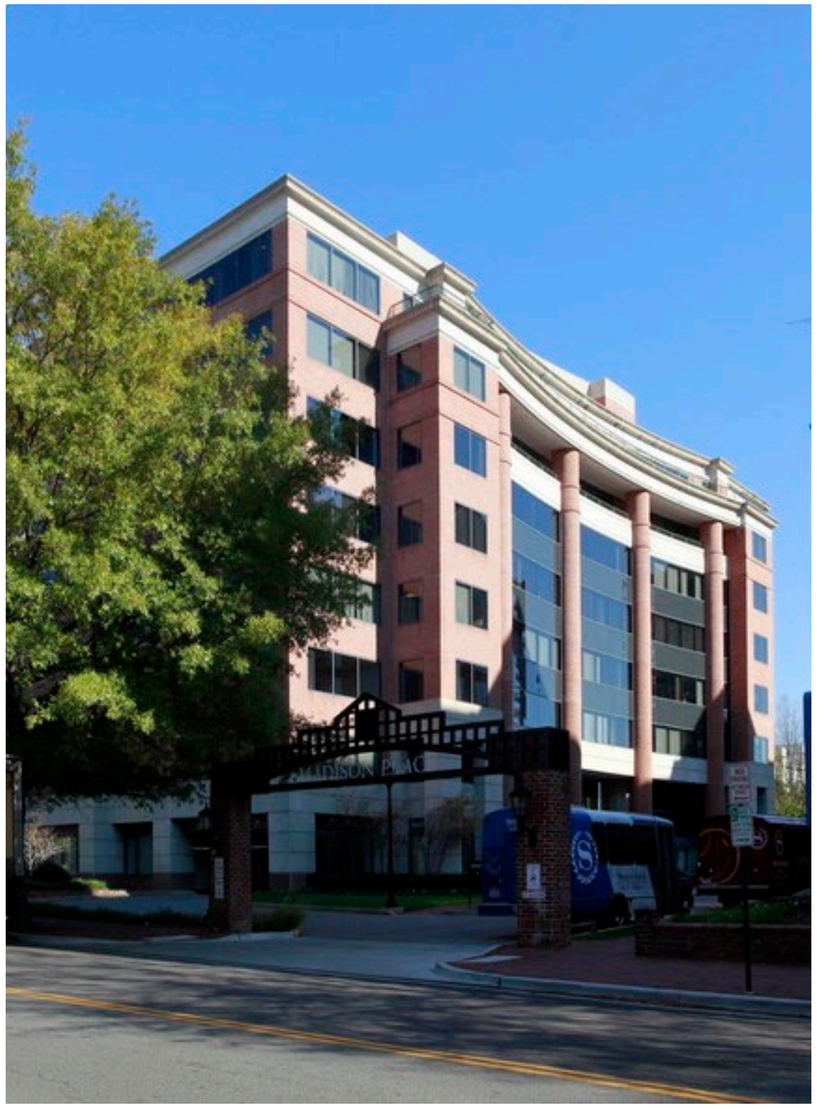
Contact Us



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THANKS FOR COMING

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