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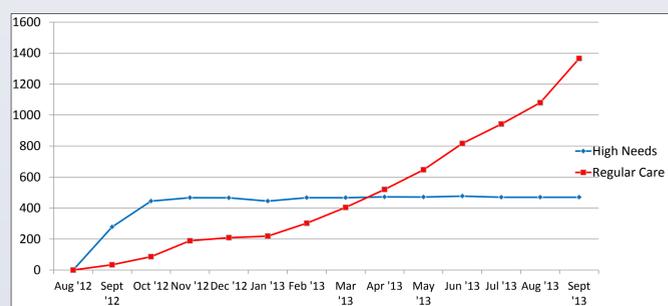
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## Reaching the “Hardly Reached”: Contributions of Peer Support

**Mi Salud es Primero (My Health Comes First) Project** at Alivio Medical Center, Chicago, IL

- Two-year implementation project with NCLR Affiliate Alivio Medical Center, a federally-qualified health center (8/1/12-7/31/14) to demonstrate a model for linkage of peer support with Patient-Centered Medical Home
- Peer supporters, *Compañeros en Salud* (CES), aim to reach all adult patients with type 2 diabetes (approx. 4,000) to engage them in diabetes self-management support and regular clinical care
- Document patient benefits: engagement, improved self-management, quality of life, clinical measures (HbA1c, BMI, blood pressure, cholesterol, etc.)
- Tiered program
  - High Need (472 patients selected on HbA1c > 8%, depression, socio-economic stress, etc.): Biweekly phone or face-to-face contacts for 12 weeks, then monthly for 6 months until no longer meet criteria for High Need or until progress has stabilized
  - Regular Care (balance of approx. 4,000 patients w/ diabetes): quarterly contacts, encourage clinical care and use of resources (e.g., group classes) and self management, transition to High Need as needed
  - Flexible, nondirective strategies to engage patients in peer support include:
    - Low demand – initial call to describe and offer services, not push to accept
    - Two-year availability to patient – not considered refusal unless they clearly request no further contact
  - After patient is engaged, begin working on individually chosen goal from set of key (AADE 7) behaviors, health eating, etc.

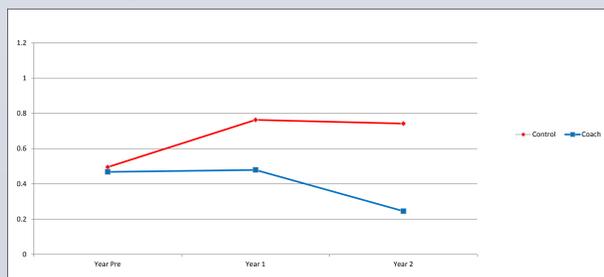
**Table 1. Number of Patients Reached by Compañeros en Salud to Date**



**Asthma Coach Project** (Fisher et al. *Arch Ped & Adol Med* 2009 163 (3), 225-232.)

- Target Population: low-income, single mothers of Medicaid-covered children hospitalized for Asthma
- Study Design: Randomized Controlled Trial, Children aged 2-8 hospitalized for Asthma, total enrolment = 189 (96 Asthma Coach, 93 Usual Care), 2yr intervention
- Standardized approach focusing on 7 key Asthma management behaviors
- Nondirective and flexible approach
  - defined schedule of planned contacts with *flexible* application (e.g. if not interested, “check in” next month)
- Substantive Contact (Face-to-face or by phone in which at least one key management behavior discussed)
  - 35% within 7 days of assignment of Coach
  - 63% with 1 month
  - 89% within 3 months
- Sustained Engagement: ≥ 1 contact per quarter throughout last year

**Table 2. Admissions in Year Prior to Randomization (Year Pre), 1<sup>st</sup> and 2<sup>nd</sup> Years of Asthma Coach Program**



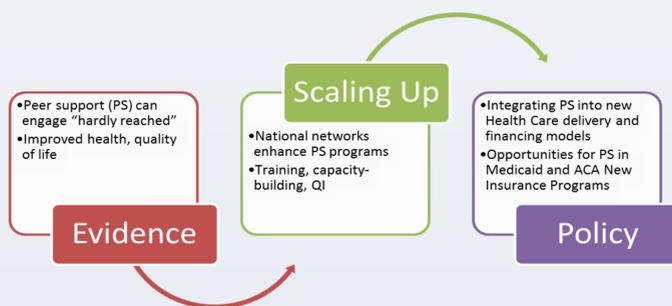
Interaction of Group x Time significant,  $p < .02$ . Year 1 is adjusted by subtraction of index hospitalization. Thus, Year 1 mean reflects hospitalizations other than index.

- San Francisco:** benefits of a health coach for adults with diabetes were *most pronounced* among those who reported *low medication adherence* at the start of the program (Moskowitz et al, *J Gen Intern Med*, 2013 28: 938-942).

- Michigan:** *low health literacy* at the start of a dyadic support program for veterans with diabetes was associated with *greater benefit* (Piette, et al, *Chron Illness* 2013 in press).

## TOPICS

- Peer support interventions that reach and engage underserved populations in chronic disease management
- Policy and advocacy opportunities for peer support programs
- Capacity building, sustainability, quality control, and integration of peer support in healthcare systems



## Reaching the “Hardly Reached”: Engaging a National Network

NCLR, the largest Hispanic advocacy and civil rights organization in the nation, has a network of close to 300 Latino-serving community-based organizations in 41 states, Puerto Rico, and the District of Columbia.

### NCLR engages its Affiliates by:

- Educating thousands of Latinos through issue-advocacy and community engagement activities in key states
- Building external alliances to advance Latino agenda
- Becoming a “go to” resource for media on Latino health issues
- Hosting town halls, briefings, advocacy campaigns on
- Creating a text message campaign with ACA specific messages to a database of over 30,000 phone numbers
- Using social media efforts on Facebook, Twitter, Google+
- Providing technical assistance and capacity building around promotores de salud programs



### Successes:

- NCLR advocated for the Community Health Workers Act of 2007 and 2009, which proposed to amend the Public Health Service Act to authorize the Secretary of Health and Human Services to award grants to promote positive health behaviors for women and children in target populations.
- NCLR advocated that the Department of Labor recognize 21-1094 Community Health Workers as a standard occupational classification.
- Continued funding for promotores de salud programs.

### Lessons Learned:

- We have an approach to leverage Affiliate expertise for impact and visibility
- The NCLR-Affiliate collaboration advances regional agendas and increases our collective influence
- Partnerships move the needle on Latino socioeconomic status
- Affiliates and partners acting together can influence regional and federal policy
- Capacity building results in stronger local leadership
- Management of resources

### Affiliate Spotlight:

**Migrant Health Promotion** in Texas is working to integrate community health workers into the Accountable Care Organization system using technology as a resource to collect data. Approximately 66 FQHCs in Texas will receive \$9 million in funding to do face-to-face health exchange enrollment through Promotores de salud.



### What is CommCare?



- A mobile phone application for data collection.
- CommCare can collect dates, numbers, text, and many other types of data.
- CommCare can work offline without any mobile phone service.
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## Reaching the “Hardly Reached”: Policy Solutions for Sustainable Programs under the Affordable Care Act (ACA) and Beyond

### Integration of Peer Support into New Models of Health Care Delivery and Financing

The ACA attempts to shift health delivery systems away from the traditional fee-for-service system toward a model emphasizing **care coordination** across providers; **financial incentives** to reduce costs; and **mandated quality** measures to promote improved health outcomes amidst cost-cutting. **Peer supporters and promotores(as) are well-suited to work within these systems** because of their proven ability to reduce health care spending while improving health outcomes for underserved populations. Peer supporters’ cultural competence, close ties to their communities, and unique position within the healthcare system allow them to play pivotal roles in providing whole-person, integrated care.

Some promising ACA models which could benefit from the addition of peer supporters include:

#### 1) Medicaid Health Homes and Patient-Centered Medical Homes

Required Services within Health Homes

Case Management	Care Coordination	Transitional Care
Health Promotion	Patient & Family Support	Referrals to Community Service

#### What role can Peer Supporters Play in Health Homes?

Peer supporters can become members of care teams within health homes.

Peer supporters can use HHs to expand their role in Medicaid:

- Beyond behavioral health (states can choose what chronic conditions to cover, including diabetes)
- To states currently without any peer support system in Medicaid

**Example: Health Share of Oregon: integrates community health workers in Oregon’s Medicaid program, involving 15 regional Coordinated Care Organizations.**

#### 2) Medicaid Managed Care Organizations

MCOs provide opportunity for innovative models that incorporate Peer Supporters

- Some MCO programs have funded CHW programs. (direct employment by the MCO or inclusion of CHW services as a reimbursable benefit)
- Good way to target medically underserved groups

**Example: New Mexico Medicaid’s inclusion of CHW teams to serve its highest need beneficiaries**

#### 3) Accountable Care Organizations

Provider organizations have incentives to reduce costs. Peer supporters would make excellent members of care teams and can be employed by provider groups.

**Example: Maine’s Accountable Communities/Multi-Payer ACOs**

### Pre-existing Opportunities within Medicaid for Peer Supporters

#### Section 1115 Waivers

- Waivers let states change federal rules.
- Have been used by states to cover CHW programs.
  - CHW as reimbursable provider (AK, CA and MN).
  - Remember this is an opportunity even where state does not expand Medicaid or adopt Medicaid health homes

#### Medicaid administrative funds to fund CHW activities

- ACA requires states to establish outreach procedures to vulnerable populations
- Possible CHW/peer supporter collaboration with public health departments and community groups

#### How Can Peer Supporters Play a Role in the ACA’S New Insurance Programs?

- Use their strong community ties to help clients enroll or refer to enrollment assistance.
- Peer supporters may work for community organizations or health care providers that get grants to be navigators, certified application counselors or in-person assisters

