Diabetes Management through Peer Support and Community Outreach from the Patient-Centered Medical Home

PROJECT GOALS

Document and promote the contributions of **peer support** linked with **Patient-Centered Medical Home** (PCMH) in improving health outcomes and quality of life of Latino adults with Type 2 Diabetes

Peer Support and PCMH Demonstration Project:

- Demonstrate model for linkage of peer support with PCMH
- Document patient benefits: engagement, improved self-management, quality of life
- Document system changes for improved integration of care

National Peer Support Collaborative Learning Network:

- **Sharing of knowledge** regarding: program models, resources and materials, evaluation methods, evidence for peer support in diabetes and chronic disease prevention and management
- Models and resources for **advocacy** for peer support:
  - Within provider organizations
  - Externally, to improve health care policies and guidelines

PROJECT DESIGN/STRATEGY

Peer Support & PCMH

- Two-year demonstration project with Alivio Medical Center in Chicago
- Develop and evaluate effective strategies for integrating peer support (*Compañeros en Salud*), community-based services ***and*** primary care PCMH resources

National Network:

- A collaborative network of peer support organizations and leaders
- Facilitate general improvement in quality, outcomes and recognition of peer support programs
- Educational webinars, trainings and Work Groups focused on topics of priority to the Network members and the field

PARTNERS & ROLES

Alivio Medical Center – Implementation partner for Peer Support & PCMH demonstration
American Academy of Family Physicians Foundation – program administration, strategic planning, linkage with family medicine and primary care community
Peers for Progress – overall program leadership, guidance for program development, program monitoring and evaluation; co-lead national peer support learning network;
National Council of La Raza– guidance cultural and linguistic tailoring, resource development and advocacy efforts, co-lead national peer support learning network
TransforMED- PCMH enhancement, practice change, performance metrics
University of North Carolina– Peers for Progress Program Development Center, program administration

TRAINING & CAPACITY BUILDING

Peer Support & PCMH

- Training of peer supporters – *Compañeros en Salud*: protocol and skills for encouraging goal setting, specific self management behaviors (AADE 7), ongoing support
- Additional trainings added (e.g., recognizing depression, protocols for support and linkage to care)
- PCMH development with TransforMED and linkage with *Compañeros*

National Network

- Webinars to facilitate sharing of information and resources
  - 2013 Topics: cost effectiveness (e.g. building a business case, economic analysis of peer support programs), quality improvement and evaluation, sustainability and funding, opportunities through Affordable Care Act and Health Reform, strategies for addressing psychosocial issues
- Six Work Groups to develop products of value to the field
- Dissemination through peersforprogress.org, Together on Diabetes, National Council of La Raza, TransforMED, etc.

PATIENT/CLIENT RECRUITMENT&ENGAGEMENT

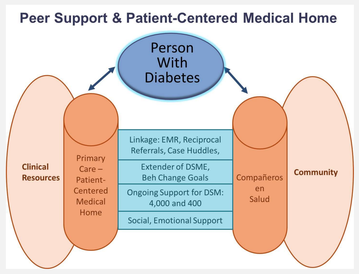
Peer Support & PCMH

- Tiered program
  - High Need (HbA1c > 8%, depression, socio-economic stress, etc): Biweekly 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 prn
- Flexible, nondirective strategies to engage patients in peer support include:
  - Low demand – initial call to describe and offer services, not push to accept
  - Repeat calls in 2-4 weeks (according to judgment of *Compañero*) to **"check in with" not "check up on"** patient
  - 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.

SERVICE/SUPPORT DELIVERY

Peer Support & PCMH

• *Compañeros* are **linked with** but **not part of clinical team** – (e.g. meet with some patients in clinic, others in community; log services in EMR; regular meetings between *Compañeros* and clinical team



National Network

• Work Groups and Webinar topics include Quality Improvement, Organizational and System Factors, Sustainability

RESULTS TO DATE

Peer Support & PCMH:

445 High Need Patients Identified through registry, clinician referral (anticipated 400)

- 241 (54%) are actively engaged with a *Compañero*
- 120 (50%) have set a self management goal
- 72 (16%) are have been reached but not yet engaged
- 132 (30%) unreached

National Network

• Opening Webinar in Dec 2012
  - "Diabetes, Depression, Multi-morbidity and Health in 21st Century" (presentation by Ed Fisher)
  - 109 registrants, 54 attendees
• Work Groups on Peer Support
  - 31 individuals volunteered from organizations across the US including Together on Diabetes team members, NCLR affiliates and Peers for Progress network members
  - Topics:
  - ✧ Recruitment, Training, Management, Retention and Back-Up of Peer Supporters
  - ✧ Quality Improvement
  - ✧ Ongoing Support
  - ✧ Psychosocial/Mental Health
  - ✧ Organizational & System Factors
  - ✧ Program Sustainability

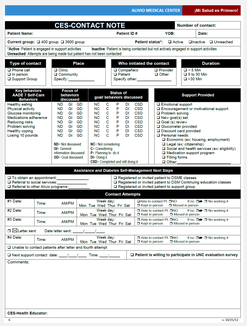
QUALITY IMPROVEMENTS ACTIONS

Peer Support & PCMH

- Contact monitoring to identify achievement of engagement goals and targets for improvement

As part of PCMH development:

- Practice quality metrics identified and incorporated into ongoing performance improvement goals.
- Measure and work toward chronic disease benchmarks
- Additional focus on process/efficiency metrics and the importance of regular financial metrics.



KEY LESSONS

- Peer support is an organizational, not a technical innovation
  - Efficacy and effectiveness studies do not show how to organize and manage peer support in real-world settings
  - Introducing peer support into clinical settings entails organizational changes that cut across disciplines
  - These are especially hard to accomplish in health care settings that are comprised of entrenched "silos" in a *professional bureaucracy* (Mintzberg, *Harvard Business Review*, Jan-Feb, 1981).
  - Progress requires organizational leadership and commitment and engagement of the organizational context
- Engagement of "hard-to-reach" patients may be accomplished with
  - Flexible, nondirective contact strategies
  - Objectives based on patients' choices from a ***range*** of key behaviors (e.g., AADE 7)
- Support and Back-Up for peer supporters is essential to maintaining good communication, providing updates and opportunities for problem solving.

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