Call to Action: Integrating Peer Support in Prevention and Health Care under the Affordable Care Act

Endorsing Organizations:
Harvard Center for Health Law Policy & Innovation
National Council of La Raza
Peers for Progress, American Academy of Family Physicians Foundation
Society of Behavioral Medicine
Preventive Cardiovascular Nurses Association

Introduction
The Patient Protection and Affordable Care Act (ACA) aims to improve patient access to comprehensive, coordinated care across provider settings and disciplines, otherwise referred to as “whole person care.” Provision of whole person care improves the quality of care delivery, reduces health disparities, and lowers health care expenditures. Peer support is a key strategy in whole person care. Peer support is generally implemented by Community Health Workers (CHWs) or others such as promotores de salud, patient navigators, health coaches, or lay health advisors, collectively referred to here as CHWs. ACA provisions provide important opportunities for integration of CHWs into prevention and care. However, these provisions of ACA are not self-implementing. We urge decision-makers to implement these provisions for optimal provision of peer support by CHWs.

Peer Support
Peer support has been shown to play an influential role in health and health care delivery.1-4 Peers are welcomed as reliable sources of knowledge and lived experiences, and provide emotional, social, and practical assistance in a culturally and linguistically appropriate manner. They can link people together who share a common health condition, such as diabetes. Reviews of peer support interventions1-23 have found benefits across a variety of health conditions (e.g., diabetes management, adherence to medication therapy for HIV/AIDS, promoting breastfeeding) and modalities (e.g., in-person, telephone, or online). Reductions in chronic illness, improved medication adherence, increased patient engagement, and better community health have been accompanied by a return on investment of more than $2 for every dollar invested.24-29 Peer support is an important tool in meeting the “triple aim” of improving the patient experience, improving population health, and reducing costs and unnecessary utilization of resources.

In the U.S., the roles of CHWs providing peer support have generally emphasized:38
- Bridging and cultural mediation between communities and the health care system
- Providing health education
- Ensuring people get the services they need and providing care coordination; assisting in “navigation” of health care services
- Counseling and social and emotional support
- Advocating for individuals in the health and social service systems
- Providing direct services such as health screenings
- Individual and community-level capacity-building

Key applications of peer support pertinent to health care reform in the U.S. include management of diabetes and other diseases,9,13,29,30,31 engaging the socio-economically disadvantaged and ethnic
minority “hardly reached,” and addressing mental health issues and the high levels of avoidable care costs that often accompany them.

Key Opportunities for peer support/CHWs under the ACA
The ACA formally recognizes the role of CHWs in Section 5313 and offers multiple opportunities to expand the ability of CHWs to contribute to care teams in a financially sustainable manner. Examples of key provisions of the ACA that provide opportunities for CHWs are in the sidebox.

CALL TO ACTION
The provisions detailed here and additional provisions of the ACA provide important opportunities for integration of CHWs and other providers of peer support into prevention and care. Integration of peer support as part of routine care would broaden access to and increase benefits from high quality care, reduce disease burden and improve patient outcomes, and reduce health care disparities and costs. However, these provisions of ACA are not self-implementing. To realize fully the potential of the ACA and its provisions for peer support and CHW services, implementation must be prioritized in a manner that encourages effective, broadly available, community-based and person-centered services. To that end, we call for the following:

1. Implementation of the ACA shall include Community Health Workers and other providers of peer support in standard delivery of health care and preventive services, primary care, chronic disease management, and public health and community health services.

2. Due to the importance of their role in outcome-driven, cost-effective healthcare, CHW and other peer support services should be eligible for reimbursement or other forms of payor support subject to a state-based statutory or regulatory regime that identifies eligible CHW programs or individual CHWs. Regulations and procedures should include specification of standards for recruitment, training, on-going monitoring, supervision, and support of peer supporters, as well as provision of back-up services for problems that exceed the skills of peer supporters. Based on these standards, regulations and procedures shall accredit programs and/or certify individuals to qualify for reimbursement.

3. To assure that Community Health Worker and other peer support programs reflect the populations they serve and maintain the community- and person-centered features that are central to engaging those populations, regulations and procedures for certification/accreditation shall incorporate and protect flexibility and local tailoring of programs and be developed with input from CHWs and the populations they serve.

Key Opportunities for CHWs under the ACA

Medicaid Health Homes (Section 2703)—CHWs are in a particularly strong position to provide or assist in all six core services required for a Medicaid Health Home, which a state can choose to establish to coordinate care for Medicaid beneficiaries living with chronic conditions.

Medicare’s Hospital Readmission Reduction Program (Section 3025)— To link patients with primary care and address barriers to accessing care, hospitals are increasingly turning to CHWs as part of discharge services. CHWs can add a missing dimension to team-based discharge planning reducing financials penalties due to readmissions for acute myocardial infarction, heart failure, and pneumonia.

Accountable Care Organizations (ACOs) (Section 3022)—ACOs have strong incentives to achieve improvements in care coordination, patient experience, prevention, chronic disease management, and reductions in unnecessary, costly care—all areas to which peer support and CHWs have been shown to contribute.

Hospital Community Benefits (Section 9007)—In order to maintain their federal tax-exempt status, nonprofit hospitals must meet a community benefit standard. These standards speak directly to the value of CHWs in bridging providers and the communities they serve, enabling reciprocal outreach to communities and representation of community voices in planning of services.

Innovation Model Awards offered by the Centers for Medicare & Medicaid Innovation (CMMI) (Section 3021)—The Innovation Center is focused on testing different approaches for delivering or paying for health care in Medicare and Medicaid. Since many CHW and peer support programs directly benefit these beneficiaries, reliable delivery and payment models could be evaluated through the Innovation Center ahead of broader implementation.
References


