

# Peer Support in the Patient-Centered Medical Home and Primary Care Report Summary

The Affordable Care Act and health care reform in the United States emphasize primary care and expansions of care to reach and engage people in preventive services, effective chronic disease management, and timely acute care including medical and surgical interventions. These reforms will shift our health care system to rely more on primary care and prevention. Along with improved care quality and satisfaction, this model will save on health care costs by reducing avoidable intensive, hospital, and emergency care. Within this transition, the Patient Centered Medical Home (PCMH) and peer support as provided by Community Health Workers (CHWs) and others play critical roles.

Given the reports of the contributions of peer support and CHWs to PCMHs and the centrality of their shared objectives and emphases, the [National Council of La Raza](#) (NCLR), the [Patient-Centered Primary Care Collaborative](#) (PCPCC), and [Peers for Progress](#) of the American Academy of Family Physicians Foundation organized a conference to highlight models of integration into PCMHs and primary care of CHWs, *Promotores de Salud* and other providers of peer support.

The conference, “Peer Support in the Patient-Centered Medical Home and Primary Care”, was held April 6—7, 2015 at the headquarters of NCLR in Washington, D.C. We invited [ten model programs](#) as a focus and stimulus for discussion as well as a range of leaders from the practice, research, government and civic sectors. Discussion ranged widely, and for the purposes of the forthcoming report, will be organized under 11 topics: Organization, Relationships with Clinical Care, Relationships with Communities, Behavioral Health, Integration of eHealth, Maintaining Peerness and Community Ties, Strategies for Health Care Priorities, Financing, Value Added of Peer Support, Success Factors – Characteristics of a Good Peer Supporter, and Opportunities.

The conference closed with discussion of the need to think more broadly about person-centered primary care, the PCMH and peer support, not just as interventions or quality improvement measures, but also as catalysts for changing the nature of health care. How might the central emphases of person-centered care, PCMH and peer support serve as a blueprint for rethinking health care? Holistic, preventive, community facing, team care with the patient at the center, and the four key functions of peer support emphasized by Peers for Progress (assistance in daily management, social and emotional support, linkage to care and resources, ongoing availability of support) – these can be applied across all of prevention and care.

What if the totality of contact with the system – from making an appointment to hospice – incorporated the perspectives and practices of person centered care, the PCMH and peer support and the wisdom of CHWs? How would that improve health and lives and also make the system more efficient, manageable, and affordable? Peer support and CHWs are not just a new component of patient-centered care and member of the PCMH team. They do not just raise issues about protocols and payment, but also about roles of patients and the care team, about the goals of a health care system. As “disruptive innovations,” they do not just entail improvements in practices, but fundamental change. They are not isolated services but key components of system redesign. Promoting peer support and CHWs in the PCMH advances organizational transformation toward the goal of prevention and care that is **both effective and humanizing**.