Peer Support in Primary Care–Mental Health Integration

New Initiative Aims to Improve Veterans Health and Care Delivery

Integrating mental health services and primary care has long been seen as a key step to achieve better health outcomes. Nowhere is the need for integrated care more urgent than among America’s veterans, who often face complex physical and mental health conditions. Roughly one in three Veterans Health Administration (VA) primary care patients have mental health comorbidities. However, despite the widespread support for integrated care, actual translation into common practice has been challenging. To accelerate this process, several offices in the VA have joined forces to implement a model that deploys peer specialists at the crossroads of mental health and primary care.

Peer specialists are veterans who have been trained to use their lived experience of mental health and/or substance abuse to engage other veterans, provide support, and guide them through their treatment. Peer specialists provide a different form of support than what veterans typically receive from healthcare professionals, which has been a key component in keeping patients on the road to recovery.

Since 2007, the VA has expanded its mental health peer support workforce from 130 to 1,100. Having built the nation’s largest network of peer specialists, the VA rapidly became a standard-bearer for mental health peer support. The response from veterans, veterans service organizations, and family members has been overwhelmingly positive and outcome evaluations have shown notable improvements in hospitalization rates, quality of life, patient activation, and care satisfaction. With a dedicated peer support workforce and institutional capacity in place, the VA has been eager to deploy these resources to other areas of veterans’ health, particularly primary care and chronic disease prevention and management.

In August 2014, the White House issued an Executive Action to add 1-2 peer specialists to primary care settings at 25 sites to help improve the health and well-being of veterans. In response, the Patient-Aligned Care Teams (PACTs), the Primary Care-Mental Health Integration (PCMHI) initiative and VA Peer Support launched the Peer Patient-Aligned Care Teams Project to evaluate the impact of adding peer specialists to PACTs across 25 sites.

A number of sites have already signed on to participate in the first cohort of the project, including the Palo Alto VA, the Hines VA in Illinois, and the Chillicothe VA in Ohio.

Join this Project!

If you work at a VA medical center and would be interested in participating in this initiative, the project is actively recruiting VA sites for the second two cohorts (start dates: July 1, 2016 and January 1, 2017). Joining this initiative to add peer specialists to your PACT would enable veterans to benefit from peer support in primary care. Implementation specialists will help your site join the project, make plans for integrating peer specialists into your PACT, and arrange for necessary trainings.

For more information on joining the project, please see the info sheet on page 3.
According to Dan O’Brien-Mazza, VA National Director of Peer Support Services, “Healthcare providers will find that peer specialists can help them better deliver their services and have a positive influence on the treatment outcomes for which they strive. In addition to improvements in patient outcomes, VA sites that participate in the project can expect to see an increase in veterans’ satisfaction with VA primary care and other medical services as well as an overall decrease in cost of care.”

Converging on a Person-Centered Collaborative Care Model Enhanced by Peer Specialists

The drive for primary care and mental health integration in the VA really took form in 2007, when the PCMHI funded 97 sites to provide integrated care in primary care clinics. The PCMHI blends two key components: 1) care management and 2) co-located collaborative care which added mental health professionals to primary care teams to serve as consultants as well as deliver brief interventions. The addition of mental health professionals to primary care teams meant that patients received immediate access to care and could be managed entirely within primary care by the multidisciplinary team.

Three years later in 2010, the VA implemented its patient-centered medical home (PCMH) model as Patient-Aligned Care Teams. Focused on patient-driven, whole person care, PACTs are comprised of multidisciplinary clinical and support staff who deliver primary care and coordinate healthcare services for veterans. As Peers for Progress network members explored in a conference on Peer Support in the Patient-Centered Medical Home and Primary Care, PCMHs provide excellent organizational structures for efficient and effective deployment of peer support. One model highlighted in the above report (p. 26) illustrates the Cincinnati VA’s efforts to expand the role of peer specialists to encompass whole health peer coaching.

Nearly all VA peer specialists work exclusively in mental health, but they have the potential to do much more for veterans’ health. Peer support has been shown to be effective and cost-effective for a wide variety of health conditions. Peer specialists in the VA already find themselves working with veterans that have both physical and mental healthcare needs, so it would be a natural extension of their work to operate in both primary care and mental health. Expanding the scope of work for existing peer specialists into primary care reflects how peer support can evolve within an organization to meet healthcare challenges.

“Peer support meets VA’s Strategic Objectives of empowering veterans to improve their well-being and enhancing and developing trusted partnerships,” says Dr. Andrew Pomerantz, VA National Mental Health Director for Integrated Services. “There is no greater advocate for veterans than another veteran who has been through the same health-related challenges and treatments and who is successfully recovering.”

Taking the best of PCMHI, PACTs, and VA Peer Support, this integrated model has the potential to improve veterans’ health outcomes, as well as care quality and healthcare spending. The successful implementation of this project could encourage additional expansions of the peer specialist workforce, ensuring widespread access to peer support for the 8 million veterans enrolled in the VA.

Peers for Progress strongly supports the Peer Patient-Aligned Care Teams Project, not only because of its expected impact on veterans health, but because it could give us a glimpse of the future of primary care and mental health integration for all Americans and the role of peer support within that integration. Already a leader in mental health peer support, this VA initiative will lead the way for the dissemination and implementation of peer support in person-centered collaborative care.

Peers for Progress will be closely following the development of this project and we encourage any eligible VA sites to consider participating in this exciting project.
THE PEER PATIENT AlIGNED CARE TEAMS (PACT) PROJECT

Research shows that Peer Specialists are making a difference for Veterans who need extra support in their recovery from mental health or substance abuse challenges. Peer Specialists are Veterans trained to provide support by drawing on their own personal recovery experience. Currently, Peer Specialists in the VA work in mental health.

In August 2014, the White House issued an Executive Action to add 1-2 Peer Specialists to Primary Care settings at 25 sites to help improve the health and well-being of Veterans. Research outside the VA is showing that this can improve care, and the VA now has the opportunity to take advantage of this new use for Peer Specialists.

Peer support is a robust strategy for health promotion and a powerful complement to team-based care, which is a core element of the patient-centered medical home. - Daaleman T, Fisher EB (2015). Enriching patient-centered medical homes through peer support. Annals of Family Medicine, 13, 573-578.

A number of sites have signed on to participate in the pilot, but more sites are needed to begin in July of 2016 and January of 2017.

- **Your site could be part of this initiative to add Peer Specialists to your Patient Aligned Care Team (PACT).** Doing so would enable Veterans receiving primary care in the PACT to benefit from this resource.
- **The project has three cohorts of sites.** There are openings in the second two cohorts (start dates: July 1 2016, January 1 2017)
- If your site is interested, you can expect:
  1) A group of implementation specialists to help you join this project, and plan the details for integrating Peer Specialists onto your PACT.
  2) Part of the planning is to identify a specific or combination of approaches Peer Specialists will use, which includes:
      - VHA Whole Health Coaching
      - Motivational Interviewing Training
      - Whole Health Action Management
      - Stanford’s Chronic Disease Self-Management
      - TEACH for Success
  3) Peer Specialists will receive training on the approaches you choose, if necessary. Some of these trainings can be delivered through VA training packages at your site.
  4) This initiative is being evaluated. The evaluation team will give you feedback so you know what’s working and how Veterans are benefiting.

Like all new initiatives, this one involves some challenges.

- **The commitment to the PACT is at least 10 hours per week from one or more Peer Specialists**
  - The 10 hours could be split across two Peer Specialists
  - A site could begin participating at a lower number of hours per week, and then increase it over time
- **Funding of the Peer Specialists must come from the site**
  - Typically, this will involve reallocating some or all of an existing Peer Specialist’s time to PACT
  - Sites could hire new Peer Specialists if they choose

We can help you think through these questions and decide whether your site could benefit from being part of this exciting project. Email or call either Andy Pomerantz ([andrew.pomerantz@va.gov](mailto:andrew.pomerantz@va.gov), phone: 802-625-2040) or Dan O’Brien-Mazza ([daniel.obriennmazza@va.gov](mailto:daniel.obriennmazza@va.gov), phone: 315-565-5179).