

THE POWER OF PEERS IN HEALTHCARE

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As kids, most of us were probably warned not to give in to peer pressure. Clearly this reflects an appreciation for how we can be negatively influenced by our peers. But what happens when that “pressure” is positive, supportive, and incorporated into the healthcare system? The answers are compelling and today, state Medicaid programs are experiencing tremendous growth in the inclusion of individuals with lived experience (i.e., peers) both as an integral component of the provider network and as key contributors to system design and oversight.

THE ROLE OF PEERS

Whether they are called peer specialists, recovery coaches, peer advocates, community health workers, health navigators or something else, peers are an essential component of recovery-focused systems and are proving to be instrumental within the healthcare continuum. Today, they are embedded within a variety of settings and impact outcomes whether they are focused on prevention, early intervention, crisis response, ongoing treatment or sustained recovery services. You may find peers working in peer-run organizations, hospitals, primary care and behavioral health provider offices, residential programs, emergency departments, homeless shelters, drug/mental health courts, child welfare offices, crisis stabilization facilities, and elsewhere in the community. Their role? Peers “offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other people”.¹ Utilizing their lived experience, peers empower individuals to make the best decisions for themselves, develop strategies for self-empowerment and build self-determined lives. For example, peers can play a valuable role in supporting individuals transitioning from hospitals or jails back into the community by facilitating education and engagement in services.



¹ Mead, 2003; Solomon, 2004

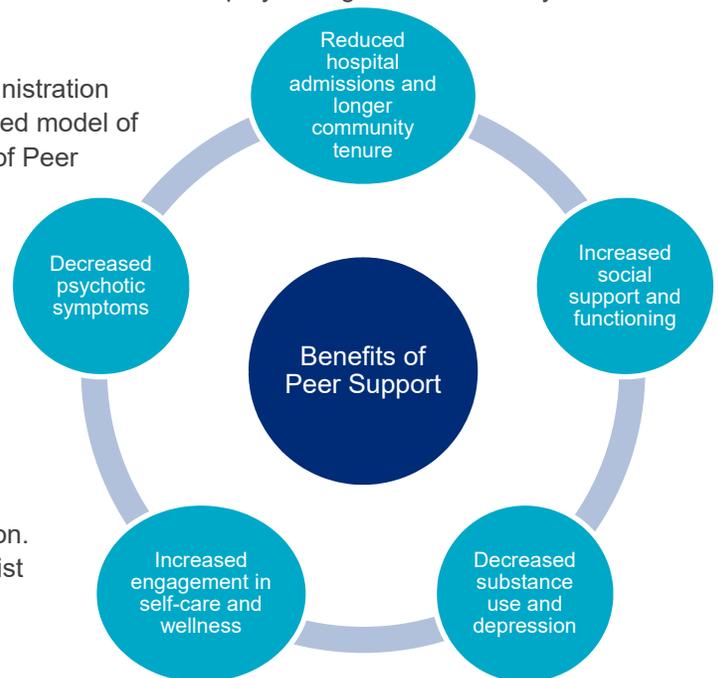
REALIZING THE RETURN ON INVESTMENT

The return on investment is real; numerous studies have demonstrated the “power of peers”, and a few highlights include the following:²

- Individuals with major mental illness and hospitalized three or more times in the prior 18 months who were assigned a peer mentor had significantly fewer hospital days (10.08 verses 19.08) and re-hospitalizations (average .89 verses 1.53) at nine months after discharge.
- A study of over 400 individuals treated in a peer-staffed crisis respite center revealed (in the month of crisis respite and the subsequent 11 months) \$2,138 less in Medicaid expenditures per month and 2.9 fewer hospitalizations.
- Individuals using certified peer specialists as part of their outpatient treatment cost the state \$997 per year on average. This is compared with an average cost of \$6,491 for those who received typical services in day treatment, providing an average cost savings of \$5,494 per person per year.
- A Federally Qualified Health Center that used peer support had a return on investment of \$2.28 for every \$1.00 spent.
- A peer-driven advocacy organization helped 53% of individuals with employment goals successfully return to work.

The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes peer support as an evidence-based model of care and emerging research demonstrates the benefits of Peer Support³. Medicaid programs across the country are paying peers to support beneficiaries with mental illness, substance use disorders and chronic physical health conditions. As recognition of the “power of peers” has grown, we are witnessing an emergence of peer support focused on targeted populations including: youth/young adults, family/parents/caregivers, veterans and older adults.

Peer programs are built on a set of professional competencies, ethical standards and continuing education. Each state establishes their own criteria for peer specialist



² Mental Health America. Evidence for Peer Support. Retrieved on July 5, 2019 from <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.mentalhealthamerica.net%2Fsites%2Fdefault%2Ffiles%2FEvidence%2520for%2520Peer%2520Support%2520May%25202019.docx>

³ SAMHSA, Value of Peers, 2017. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/svalue-of-peers-2017.pdf

training and certification, and currently 48 states and the District of Columbia have or are developing a system of certifying peer specialists.^{4,5} Now, peer support staff are a core part of the behavioral health workforce, peer support is Medicaid reimbursable in over 40 states, there are over 30,000 peer support workers, and, although the pay varies, they earn on average about \$15–\$16 an hour.^{6,7}

HOW MERCER CAN HELP

From drafting State Plan Amendments or Waiver applications to rate setting, Mercer Government Human Services Consulting (Mercer) has had the privilege of helping state clients pursue and obtain federal authority to incorporate peer support services into their Medicaid programs. We have also supported states with implementing new peer support services; incorporating peer support staff into crisis, outpatient and residential programs; and monitoring network and utilization growth. Because Mercer truly appreciates the “power of peers”, we integrate certified peers into many of our consulting engagements to ensure the peer and family voice is incorporated into our recommendations. We have had peers, for example, participate in managed care monitoring reviews, co-facilitate focus groups, conduct member interviews and service plan reviews, develop resource guides for families, and review and provide input into research findings. We value them as partners in many of our projects.

Combined with their lived experience and highly successful ability to engage and connect with individuals, peers are a dynamic and growing component of the Medicaid healthcare continuum that are able to transform lives and systems.

For more information on this topic or our services, please email us at mercer.government@mercer.com.

⁴ Marill, Michele C. Beyond the Twelve Steps, Peer-Supported Mental Health Care. Health Affairs June 2019. Retrieved June 24, 2019 from <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2019.00503>

⁵ In 1999, Georgia became the first state to receive Medicaid reimbursement for services delivered by peers.

⁶ Mental Health America. The Peer Workforce. Retrieved June 24, 2019 from <https://www.mentalhealthamerica.net/peer-workforce>

⁷ Daniels, A.S., Ashenden, P., Goodale, L., Stevens, T. National Survey of Compensation Among Peer Support Specialists. The College for Behavioral Health Leadership; 2016 Jan [cited June 24 2019]. Retrieved from: https://www.leaders4health.org/images/uploads/files/PSS_Compensation_Report.pdf