Peer Services: Evolving & Sustaining the Model in a Time of Change

Presented by:

- Erin Nortrup, Senior Program Manager, AIDS United
- Serena Rajabuin, Senior Evaluator, Boston University
- Jacqueline Brown, Executive Director, Empowerment Resource Center
- Michael Rhein, President & CEO, Institute for Public Health Innovation
Webinar Instructions

• All attendees are in listen only mode
• Everyone can ask questions at any time using the question/chat feature
• This webinar has too many attendees for questions to be submitted over the phone
• During Q & A segment, the moderators will read questions that have been submitted
Use the Question Feature to Ask Questions or Email Questions

You can also email questions to hbryant@aidsunited.org
Presentation Overview

- Introduction of Best Practices: Integrating Peers into HIV Models of Care
- Using a Peer Enhanced Intervention to Re-Engage and Link Minority PLWHA with into HIV Primary Care
- New Opportunities for Financing Peer-Based Prevention and Care
- Programs for Positive (P4P) Peer Educator Certification Program
Getting to Know You

Please take a moment to answer the polling questions on your screen.
Best Practices: Integrating Peers into HIV Models of Care

• Features ten Peer Navigation programs at AIDS United partner organizations

• Provides guidance on implementing these best practices in your organization
Using a Peer Enhanced Intervention to Re-Engage and Link Minority PLWHA with into HIV Primary Care

Serena Rajabiun, MA,MPH
Boston University
School of Public Health
July 23, 2015
Background

- Peer Re-engagement Project (2011-2014) Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) Initiative

- In accordance with NAS goals, identify and evaluate community level interventions to improve HIV Care Continuum for minority PLWHAs

- Examine the efficacy of peer enhanced interventions as part of the HIV care team
Study design

- 3 Ryan White funded clinical sites
  - Brooklyn, NY
  - Miami, FL
  - Rio Piedras, PR

- PLWHA who were out of care 4 or more months & newly diagnosed

- Randomly assigned to peer-enhanced intervention or standard of care HIV services
Peer Roles

- Integrating a peer into the health care team
  - Link newly diagnosed PLWHA to HIV medical care and support services
  - Outreach and re-engage PLWHA clients
  - Coordinate with and support other clinical staff such as case managers in achieving client service plan
  - Assist with health systems navigation
  - Coaching and mentoring client on communicating with health care providers
  - Educate and support PLWHA in adhering to care and treatment
Peer-Client Intervention Sessions

- Eight Sessions
  - Every 2 weeks
  - In-person
  - 30 – 60 minutes

- Once all sessions completed
  - Weekly check-ins by phone or in-person at clinic
Session Topics

1. Intro and assessment
2. HIV transmission and life cycle
3. Effective communication and self-advocacy
4. Understanding lab values
5. HIV medications
6. Drug resistance and adherence
7. Disclosure and stigma
8. Harm and risk reduction
Peer Training Sessions

- 4.5 day training with consultants from KC Care Clinic and Justice Resource Institute
- Sessions/topics
  - Peer role
  - Communication skills
  - HIV Basics
    - HIV life cycle
    - HIV medications
  - Disclosure
  - Harm Reduction
- Last day including other staff – team
Supervisor Training

- One day training
- Administrative and supervision roles
  - Supervision of peers
  - Creating a supportive work environment
- Sessions/topics
  - Peer Roles
  - Incorporating peers into the clinic team
  - Supervision
  - Confidentiality and boundaries
Research Questions

- Do the interventions lead to an increase in the number of people of color retained continuously in quality HIV care?
- Do the interventions lead to an increase in the number of people of color living with HIV who are virally suppressed (National AIDS Strategy)?
- What client characteristics (age, race, risk behaviors, socioeconomic level, education, primary language, length of time living with HIV, etc.) are associated with re-engagement and retention?
**Client Characteristics (n=348)**

- Majority Black or Hispanic males
- One-third monolingual Spanish-Speakers
- Living with HIV/AIDS on average 8 years
- 40% history of incarceration
- Two-thirds homeless/unstably housed
- More than half out of care 4 or months
- One-fourth newly diagnosed
- More than half have a mental health or substance use disorder
- Self-report barriers
  - Depression
  - Financial issues
  - Not feeling sick
  - Transportation
Percentage of clients that received the following types of peer services

<table>
<thead>
<tr>
<th>Service</th>
<th>All Sites n=174</th>
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<tbody>
<tr>
<td>Provide emotional support/counseling</td>
<td>85%</td>
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<tr>
<td>Provide education on HIV viral life cycle</td>
<td>81%</td>
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<tr>
<td>Mentoring/coaching on provider interactions</td>
<td>79%</td>
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<tr>
<td>Discuss HIV medications/treatment readiness</td>
<td>72%</td>
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<tr>
<td>Assist with making an appointment</td>
<td>70%</td>
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<tr>
<td>Discuss lab values</td>
<td>69%</td>
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<tr>
<td>Talk with client about drug resistance and adherence</td>
<td>66%</td>
</tr>
<tr>
<td>Talk with client about disclosure</td>
<td>62%</td>
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<tr>
<td>Discuss safer sex or drug use/harm reduction</td>
<td>58%</td>
</tr>
<tr>
<td>Remind client about appointment</td>
<td>50%</td>
</tr>
<tr>
<td>Follow up about service or referral</td>
<td>42%</td>
</tr>
<tr>
<td>Other service (transportation, other practical support, health insurance)</td>
<td>42%</td>
</tr>
<tr>
<td>Take client to an appointment</td>
<td>22%</td>
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Findings
% of Patients with 2+ Primary Care Visits

- 6 mos:
  - Peer Intervention: 72%
  - Standard of Care: 75%
- 12 mos:
  - Peer Intervention: 62%
  - Standard of Care: 60%

Legend:
-Peer Intervention
-Standard of Care
4-Month Gap in Care (Primary Care Visits or Lab Tests)*

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<thead>
<tr>
<th></th>
<th>Peer Intervention (n=174)</th>
<th>Standard of Care (n=174)</th>
<th>p-value</th>
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</thead>
<tbody>
<tr>
<td>Ever 4-month gap</td>
<td>44%</td>
<td>45%</td>
<td>0.83</td>
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*applying the intention-to-treat principle

There was no statistically significant or clinically relevant difference in the proportion of subjects who had at least 4-month gap in care between the study groups.
## Gap in Care by Client’s Housing Status

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<tr>
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<th>Unstably housed (n=188)</th>
<th>Housed (n=158)</th>
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<tr>
<td></td>
<td>Peer Intervention (n=97)</td>
<td>Standard of Care (n=91)</td>
</tr>
<tr>
<td><strong>Ever 4-month gap</strong></td>
<td>51%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>Peer Intervention (n=76)</td>
<td>Standard of Care (n=82)</td>
</tr>
<tr>
<td><strong>Ever 4-month gap</strong></td>
<td>34%</td>
<td>51%</td>
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</table>
Gap in care by completed sessions

*7 educational sessions versus less than 7, p-value < 0.05
Changes in Reported ART Use

Baseline 6 mos 12 mos
49% 49% 49%
52% 41% 64%
64% 51% 64%

Peer Intervention
Standard of Care
Percent of Patients Virally Suppressed Over Time

- Baseline: 9% (Peer Intervention), 11% (Standard of Care)
- 6 mos: 20% (Peer Intervention), 21% (Standard of Care)
- 12 mos: 27% (Peer Intervention), 32% (Standard of Care)
Summary of study findings

- Peer intervention was effective in:
  - Reducing the gap in care among participants who were stably housed.
  - Improved adherence to ART

- No significant difference with viral suppression

- Among the peer intervention group:
  - Patients who completed all 7 educational sessions had a significantly reduced gap in care.
  - Patients who received more emotional support or mentoring encounters were less likely to have a gap in care.
Acknowledgements

- This presentation was supported by grant #U69HA23262, “Minority AIDS Initiative Retention and Re-Engagement Project,” through the U.S. Department of Health and Human Services, Health Resources and Services Administration’s HIV/AIDS Bureau, National Training and Technical Assistance. The contents of this publication are solely the responsibility of the Health & Disability Working Group and do not necessarily represent the views of the funding agencies or the U.S. government.
## Acknowledgements

### Evaluation and Technical Assistance Center

<table>
<thead>
<tr>
<th>Boston University School of Public Health</th>
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<tr>
<td>• Howard Cabral</td>
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<tr>
<td>• Jane Fox</td>
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<td>• Mariana Sarango</td>
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<tr>
<td>• Kendra Davis</td>
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<tr>
<td>• Joe Palmisano</td>
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<td>• Clara Chen</td>
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### Participating Sites

<table>
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<tr>
<th>Brooklyn PATH Center</th>
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<tbody>
<tr>
<td>• Janet Goldberg</td>
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<td>• Nancy Daniels</td>
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<tr>
<td>• Lisa Khaleque</td>
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<tr>
<td>• Tammy Gilliam</td>
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<td>• Shaquana Simpson</td>
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<th>CARE Resource</th>
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<tbody>
<tr>
<td>• Carolyn McKay</td>
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<tr>
<td>• Patty Valdez</td>
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<tr>
<td>• Louis Torres</td>
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<td>• Lloyd Vela</td>
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<td>• Tommy Gonzalez</td>
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<th>PR CoNCRA</th>
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<tr>
<td>• Rosaura Lopez</td>
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<td>• Fressy Veloz</td>
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<td>• Carmen Rivera</td>
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<tr>
<td>• Jesus del Valle</td>
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<td>• Nathania Garcia Sanyet</td>
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<td>• Christian Zalazar</td>
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For more information...

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617-638-1934

http://hdwg.org/prep/
New Opportunities for Financing Peer-Based Prevention and Care
AIDS United Webinar Presentation, July 24, 2015

Michael E. Rhein, President & CEO
Institute for Public Health Innovation
Objectives

✓ Discuss the opportunity HIV prevention advocates have to harness the current momentum of the community health worker movement

✓ Identify new opportunities and potential challenges for financing preventive health services

✓ Share stakeholder engagement processes in DC/MD/VA for CHW workforce development and expanded financing of prevention services
Community-Based HIV/AIDS Prevention Services by Non-Licensed Professionals

- Prevention outreach
- HIV testing
- Supportive counseling
- Social support
- Treatment adherence support
- Disease self-management support
- Home visits and home-based support
- Service system navigation
- Care coordination
- Linkage to services to address basic needs
- Cultural liaison (may incl. language services)
What is Distinctive About Community Health Workers (CHWs)?

- Expertise is based on *shared life experience* (and often culture, community and health) with people served
- Relate to community members as peers rather than purely as clients or patients
- Rely on relationships and trust more than on clinical expertise
- Do not provide clinical care
- Generally do not hold a professional license
- Can achieve certain results that other professionals can’t

Acknowledgement: Carl Rush, Community Resources LLC
Community Health Workers – The Time is Now

✓ Increased recognition of the strong evidence base related to improved health outcomes
✓ Growing evidence base demonstrating significant Return on Investment (ROI) 3:1 – 15:1
✓ Recognition of CHWs as an official job classification by the Department of Labor in 2010
✓ Policy and resource shifts at federal agencies, including CDC, HRSA, and CMS
✓ Many states involved in CHW workforce development
✓ Emergency room readmission penalties
✓ Trends toward Patient-Centered Medical Homes
✓ Trends toward value-based financing in Medicaid and Medicare
✓ Overall trend toward population health, chronic disease prevention, and reforming our “sick care” system
Opportunities for Financing of Community-Based Preventive Health Services

- The CMS Rule change: Allows states the option to finance non-licensed professionals to provide preventive health services as recommended by a licensed practitioner.
- Medicaid Managed Care Organizations (MCOs):
  - Taking advantage of existing flexibility that MCOs may have
  - Changes through MCO contracts
  - Internal investments based on ROI
- HIV service providers could negotiate contracts with other health care providers or MCOs to provide these services (FFS, fixed-price, or value-based arrangement)
- New value-based payment structures
CHW Workforce Development in DC-MD-VA

**DC**
- Prevention & Medicaid Financing Task Force
  
  *(IPHI co-chairs with DCPCA)*

- DC CHW Professional Assoc. (created 2012)

**VA**
- CHW Advisory Group & CHW Policy Task Force
  
  *(IPHI co-chairs with VDH)*

- VA CHW Professional Assoc. (created 2015)

**MD**
- Workgroup on Workforce Development of CHWs
  
  *(IPHI appointed member)*

- MD CHW Professional Assoc. (created 2014)

IPHI’s Center for the Community Health Workforce
- Regional Training, TA, Resource Sharing & Policy Coordination
Note: All groups include CHWs
Task Force Participation

- AmeriHealth DC (MCO)
- DC Department of the Environment
- DC Department of Health
- DC Department of Health Care Finance
- DC Primary Care Association
- Capital Clinical Integrated Network
- Community Education Group
- Community Health Workers
- CHW Professional Association of DC
- GWU - Cancer Institute, Rodham Institute, and Schools of Public Health and Public Policy
- Healing Our Village
- Health Services for Children with Special Need (Medicaid Health Plan)
- Institute for Public Health Innovation
- La Clínica del Pueblo
- MedStar Washington Hospital Center
- MedStar Family Choice (MCO)
- Respiratory Therapists
- Trusted Health Plan (MCO)
- Unity Health Care
- Us Helping Us
- Washington AIDS Partnership
- The Women’s Collective
- Subject Matter Experts:
  - Chronic Care
  - Medicaid
  - CHW Policy
CHW Professionalization

- CHW Scope of Practice
- CHW Core Competencies
- CHW Training Requirements
- Recommendations on Certification/Credentialing
Role categories:

- Community mobilization and outreach
- Health promotion and coaching
- Service system access and navigation
- Care coordination/management
- Community-based support
- Participatory research
Priorities for Finance Policy Work in DC

✓ Continuing to build the argument for a SPA to expand FFS to include CHWs
✓ Being at the table in planning and policy development related to value-based financing
✓ Integrating our agenda into FQHC payment reform discussions
✓ Clarifying/expanding flexibility of MCOs to incorporate CHW-based prevention and identifying any policy or business model barriers (e.g., service vs. admin; point of service; definition of encounter)
✓ Partnering with local hospitals, FQHCs, and MCOs on pilot projects and focusing on ROI/cost-effectiveness evaluation
✓ Strategizing with service providers on MCO contract negotiation
Potential Challenges to Expanding Medicaid Coverage to Include Services by CHWs

✓ Making timely progress on CHW professionalization
✓ Getting Medicaid Agency buy-in
  • Understanding of effectiveness/cost-effectiveness
  • May have concerns about fraud and abuse
  • Not the biggest priority for Medicaid agencies right now
  • Trends away from fee-for-service (also an opportunity)
✓ Aligning key CHW roles with currently authorized preventive health services; new services will be difficult
✓ Potential resistance from licensed professionals
✓ Clarifying and maximizing current flexibility and achieving policy/business model change
✓ New value-based payment structures will take time
Discussion
Contact Information

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Peer Services: Evolving & Sustaining the Model in a Time of Change
Programs for Positive (P4P) Peer Educator Certification Program

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100 Edgewood Avenue NE, Suite 1020
Atlanta GA 30303
Phone: (404) 526-1145
www.ERC-INC.org
The Mission & Vision

P4P Peer Educator Certification Program is designed to provide training opportunities and build capacity in the communities of PLWHA.

This program helps develop skills set, build relationships, increase health literacy, provide resources to navigate the health care system, and create a leadership academy for PLWHA.
Purpose of P4P Program

Why Establish the P4P Program?

To Address Social and Structural Determinants Of Health and Stigma by:

- Building capacity in communities of PLWHA,
- Developing intergenerational social networks,
- Assisting in the development of leadership, facilitation and health literacy skills, and
- Establishing self-efficacy to participate in society as a whole.
P4P Peer Educator Program Is:

The P4P Peer Educator Program is an eight-week training and professional development opportunity designed to enhance skills in and provide tools for individuals willing and able to add value to people living with HIV and AIDS (PLWHA) by assisting them in navigating systemic and structural barriers that can inhibit medical care linkage, engagement, retention, and adherence.

P4P is not an employment opportunity.
P4P Peer Educator Program Components

1. Application Process
2. Eligibility
3. Selection Process
4. Training/Course Participation
5. Shadowing
6. Demonstration
7. Certification
# P4P Peer Educator Program Structure

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Training Method</th>
<th>Timeline</th>
<th>Measurement Method</th>
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<tbody>
<tr>
<td><strong>Orientation</strong></td>
<td>Complete required forms</td>
<td>2 Hours</td>
<td>Pre-test</td>
</tr>
<tr>
<td>• Attend candidate orientation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Take Pre-test exam</td>
<td>Written Exam</td>
<td></td>
<td></td>
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<tr>
<td><strong>Training Component</strong></td>
<td>Observation</td>
<td>16 Hours</td>
<td>Observation</td>
</tr>
<tr>
<td>• Participate in training sessions</td>
<td>Oral instruction</td>
<td>(4 Sessions, 4</td>
<td>Training Rubric</td>
</tr>
<tr>
<td>• Participate in webinars</td>
<td>Read manual</td>
<td>hours each)</td>
<td></td>
</tr>
<tr>
<td>• Complete 16 P4P modules</td>
<td>Webinars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Perform acquired skills: Knowledge &amp;</td>
<td></td>
<td></td>
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<tr>
<td>Abilities rubric categories</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Shadowing Component</strong></td>
<td>Observation</td>
<td>Within 30 days of</td>
<td>Observation</td>
</tr>
<tr>
<td>On-the-job training, shadowing a Peer</td>
<td>Oral instruction</td>
<td>Training Component</td>
<td></td>
</tr>
<tr>
<td>Educator with a minimum of one year of</td>
<td></td>
<td>Completion</td>
<td></td>
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<tr>
<td>experience in the role and confirmed</td>
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<tr>
<td>service to at least two clients.</td>
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<td></td>
</tr>
<tr>
<td><strong>Demonstration Component</strong></td>
<td>Observation</td>
<td></td>
<td>Demonstration</td>
</tr>
<tr>
<td>• Serve as a Peer Educator for two clients</td>
<td>Demonstration</td>
<td></td>
<td>Training Rubric</td>
</tr>
<tr>
<td>• Monitor and evaluate performance: Tasks,</td>
<td>OJT</td>
<td></td>
<td>Review and</td>
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<tr>
<td>Knowledge, Skills, and Work Activities</td>
<td>Trial and error</td>
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<td>inspection</td>
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<tr>
<td>rubric categories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Documentation/sign off from host agency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Certification Component</strong></td>
<td>Observation</td>
<td>2 Hours</td>
<td>Observation, Post-</td>
</tr>
<tr>
<td>• Take Post-test exam</td>
<td>Written Exam</td>
<td></td>
<td>test</td>
</tr>
<tr>
<td>• Host Agency Evaluation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Certify Peers</td>
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Our Success
Our Success Is In the Numbers

- ERC has hosted two cohorts of PLWHA for the P4P Program.
- The third cohort commenced on June 20th. CFA for Cohort 4 opened July 8th.
- GRU will award 2.2 CEUs for participants who complete all program components.
- The GRU certification makes P4P the only certified Peer Educator program in Georgia.
- Five (5) host agencies participate in the Shadowing and Demonstration components of the program.
Our Success Is In Our CAB

- Established a seven (7) member Community Advisory Board (CAB).
- CAB provides input on the P4P program implementation and ensures cultural appropriateness.
- CAB members work to enhance intergenerational supportive networks and consist of community stakeholders and members of the target population.
- CAB meets quarterly.
Our Success Is In Our Outcome Measures

• A total of 55 Peer Candidates submitted applications, with 26 being accepted into the program.
• A total of 13 Peer Candidates were enrolled in the program
• 12 completing all components of the program.
• Two (2) peers found employment.
Our Impact

Our impact can be measured when PLWHA are linked, engaged, enrolled, and retained in care.

• 70% of participant demonstrate an increase in HIV-related knowledge.
• Estimated 25% increase in PLWHA attend their first medical appointment.
• 100% of Host Agencies expressed satisfaction with the program itself and the level of knowledge of the participants.

Learning Objectives: To build intergenerational peer networks, improve community health literacy, and enhance interagency relationships to create an effective group of HIV Peer Leaders.
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Questions?

Use the question feature to ask questions or email questions to Hannah Bryant at hbryant@aidsunited.org
Thank You!

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www.aidsunited.org