

Addition of Peer Support Workers to Improve Patient Outcomes & Reduce Costs

Addition of Peer Support Workers to the primary and behavioral health care workforce shows promise in improving patient outcomes and reducing overall costs.

With the advent of health care reform and the integration of primary and behavioral health care, it is an exciting time to be involved in shaping mental health and substance abuse services. Peer Support Workers are a promising new addition to this evolving integrated care workforce that can improve patient outcomes and help reduce overall costs.

Research has noted that the services Peer Support Workers provide “appear to be important and emerging interventions in the spectrum of mental health and recovery services ... [it is] recommend[ed] that purchasers consider coverage of ... peer support services.”¹

But what is a Peer Support Worker, how do they differ from existing professionals, in what ways can they improve outcomes, how will adding this class of worker impact overall costs, and what are the next steps for adding Peer Support Workers to the workforce?

What is a Peer Support Worker (PSW)?

Sometimes referred to as a Peer Specialist, a PSW is someone who self-identifies as having struggled with mental health and/or substance abuse issues, and who has made significant progress on their journey to recovery.

While a degree is not required for this position, many PSWs go through a specialized course of training in order to perform tasks similar to case managers, peer navigators, or community health workers. PSWs may perform a range of functions in integrated care including: outreach and engagement, care coordination, coaching, system navigation, or helping patients successfully transition between systems of care.

1. Chinman, George, Dougherty, Daniels, Ghose, Swift, & Delphin-Rittmon. “Peer support services for individuals with serious mental illnesses: Assessing the Evidence.” County of Santa Barbara: Psychiatric Services in advance.



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How do PSWs differ from other similar paraprofessionals?

PSWs possess certain advantages over non-peers in the delivery of care. Their personal experience with mental health challenges can provide hope for the client, and they have a unique, real-world understanding of resources and systems of care.

PSWs also differ from other helping professions (such as Case Managers) in that they do not give direction, but serve as a supporter or mentor, helping the patient learn to navigate the system and make their own choices.

What is the evidence for the effectiveness of PSWs?

The addition of PSWs to integrated care shows considerable promise as a means of achieving the triple aim of improved population health, achieving efficiencies, and improved quality of care.

PSWs have been shown effective at helping populations to improve health outcomes, and have increased efficiency by promoting the use of primary care provider visits in lieu of high-cost emergency room services. Specifically, one pilot test utilizing Peer Navigators resulted in:

- Fewer pain and health symptoms for patients after six months, and
- 83.3 percent of participants began seeking care from a primary care provider rather than an emergency room, compared to 44% of the control group.²

PSWs also improve quality of care by: providing a more culturally competent experience for patients,³ offering in-depth, personal knowledge of community resources, spending more time with the clients than traditional providers, and are seen as having a deeper personal understanding of the issues (especially for people with co-occurring challenges).⁴

What is the financial impact of utilizing PSWs?

The fiscal impact of utilizing PSWs is impressive. One study utilized PSWs to support clients who might otherwise be admitted to a psychiatric hospital. Not only did the experimental group have lower psychiatric hospitalization rates but total costs were reduced as well:

- The intervention resulted in lower psychiatric hospitalization, crisis service, and total specialty mental health costs.
- Psychiatric hospital costs averaged \$1,057 for the patients who had the support of a PSW and \$3,187 for those who did not.
- Even when the additional costs of specialty mental health services was taken into account, the group with PSW support still had lower treatment costs."⁵

The return on investment seen from utilizing PSWs is parallel to the successful results seen in using community health workers (CHWs) for other conditions, such as cancer. Similar to PSWs, CHWs help patients change health behaviors through prevention and navigation of the health system, the

2. Kelly, Fulginiti, Pahwa, Tallen, Duan, & Brekke. "A Pilot Test of a Peer Navigator Intervention for Improving the Health of Individuals with Serious Mental Illness" *Community Mental Health Journal*, May 2013

3. *Ibid.*

4. Substance Abuse and Mental Health Services Administration. *Consumer-Operated Services: The Evidence*. HHS Pub. No. SMA-11-4633, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2011.

5. Dumont, J., & Jones, K., *Findings from a consumer/survivor defined alternative to psychiatric hospitalization*. *Outlook*, Spring, 2002; 4-6

results of which have economic consequences for patients, families, caregivers, and taxpayers.⁶

The positive economic impacts of CHWs (and similarly, PSWs) help to easily offset the costs of adding this new provider. The net benefits per person served by CHWs “reach \$6,990 or \$481,920 per CHW. For every dollar invested in cancer outreach using CHWs, it is estimated that the society receives 2.3 dollars in return.”⁷

What are the next steps for adding PSWs to the workforce?

In the field of behavioral health, Medicaid billing for PSWs began in Georgia in 1999, and currently 32 states allow for Medicaid reimbursement for services delivered by peer providers. California is now beginning to explore how to add this key position to the list of reimbursable professionals under MediCal, but further advocacy and leadership is needed.

While PSWs will enhance the delivery of health care, it is important to note that the addition will work only with proper training and the implementation of high standards. PSWs have “potential to drive through recovery-focused changes in services. ... Training, supervision and management of all involved are required.” Resources for employers interested in effective, hiring, and supervision of this essential workforce addition are located below.

If you are interested in helping promote the inclusion of PSWs as reimbursable professionals under MediCal, or would like further information, training, and support materials for effectively incorporating PSWs into the integrated care, please visit:

- www.ibhp.org
- http://casra.org/docs/peer_provider_toolkit.pdf

6. Diaz, J. (2012, June 1). *Social return on investment: Community Health Workers in cancer outreach*. Retrieved December 27, 2014.

7. *Ibid.*

8. Repper, J. & Carter, T. “A review of the literature on peer support in mental health services”, *Journal of Mental Health*, August 2011; 20(4): 392–411