Utilizing Peer Support for High-Need Patients During Transitions of Care

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Presenter Disclosures

Kishor Malavade, M.D.

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
What is a Peer?

• Peers are non-clinical workers that provide social and emotional support and assistance with effective management of health, independent living, and participation in practices that support overall well-being

• Peers have a unique combination of lived experience with and specialized training in the illness(es) that they are assisting individuals with

• Peers enhance treatment, and can play a critical role in care transitions work

• 34 states use Medicaid funding to reimburse for peer support services as of 2018
Does peer support make a difference?

- Increased self esteem and confidence\(^1, 2\)
- Increased empathy and acceptance (camaraderie)\(^1, 3\)
- Increased sense of control and ability to bring about changes in their lives\(^4\)
- Increased sense that treatment is responsive and inclusive of needs\(^4\)
- Increased engagement in self care and wellness\(^4\)
- Increased social support and social functioning\(^5, 6, 7, 8, 9\)
- Reduced hospital admission rates and longer community tenure\(^4, 10, 11, 12\)
- Decreased substance use and depression\(^4\)
Proven Impact of Care Coordination

**CMMI Innovation Grant: Supported programs and related technology to coordinate behavioral health, primary care, and social services for 7,500 patients with severe mental illness**

- Care managers built strong, consistent relationships and facilitated connections to social supports
- Critical Time Intervention (CTI) with CTI-trained Health Home care managers and peers for high-risk, high-utilizing individuals and individuals with 3 or fewer episodes of psychosis
- 94% received care management services
- Saved Medicaid $944 per beneficiary per month ($48 million total); resulted in significantly fewer hospitalizations
# Overview of NYS Peer Certifications

<table>
<thead>
<tr>
<th>Certification</th>
<th>Certified Peer Specialist</th>
<th>Certified Recovery Peer Advocate</th>
<th>AIDS Institute Certified Peer Worker</th>
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</table>
| **Eligibility**        | • Self-identify as being actively in recovery from a mental health condition or major life disruption and self-disclose one’s mental health recovery journey  
  • HS diploma or HSE  | • Self-identify as a person with lived experience with a substance use diagnoses  
  • HS diploma or HSE  | • Self-identify as a person with lived experience with:  
  • HIV;  
  • Hepatitis-C;  
  • Accessing harm reduction services |
| **Training Requirements** | • 45 hours of core online training through the Academy of Peer Services (APS)  
  • 15+ hours of APS elective online training  
  • 2000 hours of work experience in field  
  • Pass 13 core course online exams  
  • 3 letters of recommendation | • 46 hours of training in 4 domains  
  • 500 hours of work experience in field  
  • 25 hours of supervision in specific domains  
  • Pass IC&RC certification exam | • Select at least 1 tracks  
  • 90 hours of training:  
  • 68 hours of core requirements  
  • 22 hours of specialization  
  • 500 hours of work practicum  
  • Pass online exam  
  • Satisfactory supervisor evaluation of practicum |
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<tbody>
<tr>
<td><strong>Length and level of certification</strong></td>
<td></td>
<td></td>
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<tr>
<td>• Provisional certification available</td>
<td>• Provisional certification available</td>
<td>• No provisional</td>
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</tr>
<tr>
<td>• Renewal required every 3 years</td>
<td>• Renewal required every 3 years</td>
<td>• No renewal required</td>
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<tr>
<td><strong>Continuing education</strong></td>
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<tr>
<td>• 10 hours per year</td>
<td>• 24 hours of recovery-specific education and 4 hours of peer ethics every 3 years</td>
<td>• 10 hours per year</td>
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<tr>
<td><strong>Reimbursement</strong></td>
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<tr>
<td>• Medicaid reimbursement</td>
<td>• Medicaid reimbursement for OASAS outpatient treatment programs and HCBS</td>
<td>• Pending</td>
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The New York Alliance for Careers in Healthcare
• Network of 4,600+ practitioners and 1,000+ health and social service organizations responsible for reducing preventable hospital utilization and improving health outcomes for over 600,000 Medicaid beneficiaries in Brooklyn

• Key element of strategy is supporting healthcare workforce development and addressing social determinants of health

• Managed by MMC Department of Population Health
<table>
<thead>
<tr>
<th>Training Partners</th>
<th>Outpatient Support Centers</th>
<th>Hospital Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYC Small Business Services</td>
<td>Bridge Back To Life Center</td>
<td>Interfaith Medical Center</td>
</tr>
<tr>
<td>NYACH</td>
<td>Baltic Street</td>
<td>Kingsbrook Jewish Medical Center</td>
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<tr>
<td>Queensborough Community College</td>
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<td>Wyckoff Heights Medical Center</td>
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Referral Statistics

2340 patients have engaged with a peer since August 2017

<table>
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<tr>
<th>Interfaith Medical Center</th>
<th>Kingsbrook Jewish Medical Center</th>
<th>Maimonides Medical Center</th>
<th>Wyckoff Heights Medical Center</th>
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<tbody>
<tr>
<td>301 patients</td>
<td>212 patients</td>
<td>1027 patients</td>
<td>800 patients</td>
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Feedback from Providers

• “I'm moved to see the dedication of the Bridge Back to Life people coming at all hours of the day and night.” – Physician, Maimonides Medical Center

• “In my more than 30 years in this field I have never seen any other use of peers in which they have so much interaction with the family members of those who are dealing with SUD problems.” – CASAC supervisor, Bridge Back to Life

• “Previously, social work and the transitional care team would try to engage and assist those with SUD, but it was overwhelming. It is so much better now, every patient with SUD who presents to the ED (during the hours that BBTL is on-site) and/or is admitted, is referred to BBTL. I now feel that we are doing all we can to assist those with SUD at WHMC.” – Transitional Care Nurse, Wyckoff Heights Medical Center
Future Plans and Evaluations

• Connecting recovery peers to primary care, as part of efforts to increase Buprenorphine access in primary care and address substance misuse in that setting

• Incorporating peers into our Critical Time Intervention team; will study the impact of peers for individuals graduating from CTI engagement

• Comparing ED and inpatient utilization across New York State hospitals for clients pre-and post-peer-led intervention using aggregate claims data from Salient Interactive Miner
Conclusion

• Peers add tremendous value to individuals and to systems of care

• There is evidence for the impact of peers in transitions in care, largely in mental health services

• Qualitative, anecdotal data supports the impact of recovery peers. There is a need for more rigorous qualitative and quantitative data on the impact of peers for substance use disorders


Contact Information

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