CALL TO ACTION

Integrating Peer Support in Prevention and Health Care Under the Affordable Care Act

This Call to Action was drafted by the Center for Health Law & Policy Innovation at Harvard Law School, NCLR, Peers for Progress, and the Society of Behavioral Medicine. It has been revised on the basis of feedback from a number of individuals and organizations attending meetings of the National Peer Support Collaborative Learning Network (co-hosted by NCLR and Peers for Progress) in September and December 2014. This Call to Action represents a wide range of groups in the health field who seek to recognize the importance of peer support in health and health care as provided by community health workers and others. However, it is not intended as a statement of community health workers or as a definition of their work.

Introduction

The Patient Protection and Affordable Care Act (ACA) as well as Medicaid, Medicare, and managed care plans aim to improve patient access to comprehensive, coordinated care across provider settings and disciplines, otherwise referred to as "whole person care." The provision of whole person care addresses the triple aim of improving quality of and satisfaction with care, improving the health of populations, and reducing the cost of care while also reducing health disparities. Peer support is a key strategy in whole person care. Peer support is generally implemented by community health workers (CHWs) or others such as *promotores de salud,* patient navigators, health coaches, or lay health advisors, collectively referred to here as CHWs. ACA provisions provide important opportunities for the integration of CHWs into prevention and care. **However, these provisions of ACA are not self-implementing**. We urge decision-makers to implement these provisions for optimal delivery of peer support by CHWs.

Peer Support

Peer support has been shown to play an influential role in health and health care delivery.[1-5] Peers are welcomed as reliable sources of knowledge and lived experiences and provide emotional, social, and practical assistance in a culturally and linguistically appropriate manner. They can link people together who share a common health condition, such as diabetes. Reviews of peer support interventions[1-4,6-24] have found benefits across a variety of health conditions (e.g., diabetes prevention and management, adherence to medication therapy for HIV/AIDS, promoting breastfeeding) and modalities (e.g., in-person, telephone, online). Reductions in chronic illness, improved medication adherence, increased patient engagement, and better community health have been accompanied by a return on investment of more than $2 for every dollar invested and other evidence for cost effectiveness.[24-29] In diabetes, the role of CHWs and other peer supporters has been recognized in National Standards for Diabetes Self Management and Support of the American Association of Diabetes Educators[25] and the American Diabetes Association.[26] Peer support is an important tool in meeting the triple aim of improving the patient experience, improving population health, and reducing costs and unnecessary utilization of resources.[27]

In the U.S., the roles of CHWs providing peer support have generally emphasized:[28]

- Bridging and performing cultural mediation between communities and the health care system
- Providing health education and coaching individuals on healthy habits and things they can do to prevent and manage disease
- Ensuring that people get the services they need and providing care coordination; assisting in the navigation of heath care services
- Counseling and offering social and emotional support to encourage sustained healthy behaviors and healthy coping
- Advocating for individuals in the health and social service systems
- Providing services such as health screenings and lifestyle coaching
- Offering individual and community-level capacity-building
- Strengthening connections between CHWs and the communities they serve

Key applications of peer support pertinent to health care reform in the U.S. include management of diabetes and other diseases,[10,14,29,30] engaging the socioeconomically disadvantaged and ethnic minority "hardly reached,"[31,32] and addressing mental health issues and the high levels of avoidable care costs that often accompany them.[7,11,34,35,33,34]

Key Opportunities for Peer Support/ CHWs Under the ACA

The ACA formally recognizes the role of CHWs in Section 5313 and offers multiple opportunities to expand the ability of CHWs to contribute to care teams in a financially sustainable manner. Examples of key provisions of the ACA that provide opportunities for CHWs are in the sidebar.

Key Opportunities for CHWs under the ACA

Medicaid Health Homes (Section 2703)— CHWs are in a particularly strong position to provide or assist in all six core services required for a Medicaid Health Home, which a state can choose to establish to coordinate care for Medicaid beneficiaries living with chronic conditions.

Medicare's Hospital Readmission Reduction Program (Section 3025)—To link patients with primary care and address barriers to accessing care, hospitals are increasingly turning to CHWs as part of discharge services. CHWs can add a missing dimension to team-based discharge planning, reducing financial penalties due to readmissions for acute myocardial infarction, heart failure, and pneumonia.

Accountable Care Organizations (ACOs) (Section 3022)—ACOs have strong incentives to achieve improvements in care coordination, patient experience, prevention, chronic disease management, and reductions in unnecessary, costly care—all areas to which peer support and CHWs have been shown to contribute.

Hospital Community Benefits (Section 9007)—In order to maintain their federal tax-exempt status, nonprofit hospitals must meet a community benefit standard. These standards speak directly to the value of CHWs in bridging providers and the communities they serve, enabling reciprocal outreach to communities and representation of community voices in planning of services.

Innovation Model Awards Offered by the Center for Medicare & Medicaid Innovation (Section 3021)—The Innovation Center is focused on testing different approaches for delivering or paying for health care in Medicare and Medicaid. Since many CHW and peer support programs directly benefit these beneficiaries, reliable delivery and payment models could be evaluated through the Innovation Center ahead of broader implementation.

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The provisions detailed here and additional provisions of the ACA provide important opportunities for the inclusion of CHWs and other providers of peer support as a regular part of prevention and care. Inclusion of peer support as part of routine care would broaden access to and increase benefits from high-quality care, reduce disease burden and improve patient outcomes, and reduce health care disparities and costs. **However, these provisions of ACA are not self-implementing**. To realize fully the potential of the ACA and its provisions for CHW and other peer support services, implementation must be prioritized in a manner that encourages effective, broadly available, community-based and person-centered services. To that end, we call for the following:

1. **Education:** Health care professionals and policymakers need to be educated regarding the contributions to health, health care, disease and care management, and prevention made through the peer support of CHWs, *promotores de salud*, and other groups.

2. **Implementation:** Provisions of the ACA call for the inclusion of CHWs and peer support as fundamental to primary health care and preventive services, chronic disease management, care coordination, and public health and community health services. Health care providers and payors should include CHWs and peer support in evolving methods of delivering high-quality, cost-effective care.

3. **Criteria for Payment:** Due to the importance of their role in outcome-driven, cost-effective health care and prevention, CHW and other peer support services should be eligible for payment as individual services or as part of integrated service delivery models. The definition of CHW programs eligible for reimbursement should be guided by community circumstances with extensive input from CHWs and the communities they serve. Programs should include specifications for recruitment, training, on-going oversight and support of CHWs, evaluation and quality improvement, and provision of backup support for clinical, social/environmental, or community issues that lie outside their specific competencies. To qualify for payment, programs should be accountable for and/or credential individuals functioning as CHWs.

4. **Tailoring to Communities:** To assure that CHWs and other peer support programs reflect the populations they serve and maintain the community- and person-centered features that are central to community engagement and improving health, the definition of eligibility and processes for payment should incorporate flexibility and local tailoring of programs and should be developed with guidance from CHWs and the populations they serve.

AUTHOR ORGANIZATIONS

Center for Health Law Policy & Innovation, Harvard Law School
National Council of La Raza (NCLR)
Peers for Progress, American Academy of Family Physicians Foundation
Society of Behavioral Medicine

ENDORSING ORGANIZATIONS

HealthConnect One
Preventive Cardiovascular Nurses Association
YMCA of the USA

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