Spring 5-2022

Peer Support Specialist Incorporation into Collaborative Patient Centered Care

Jamie L. Wagner
Southern Illinois University Edwardsville

Mathew Blount
Southern Illinois University Edwardsville

Peer Support Specialist Incorporation into Collaborative Patient Centered Care

Introduction of the Problem

Peer support specialists (PSS) can deliver recovery care to those suffering with mental health and substance abuse issues. Peer support workers have lived through mental health or substance abuse challenges of their own, which is crucial in personalizing care to the patients' needs and preferences. PSS share experiences of their own recovery with the patient which is beneficial because it provides insight into the recovery process and expected treatment goals (Bonfils et al., 2018). While peer support does not replace services offered by therapists, providers, or other members of the healthcare team, PSS can provide non-clinical support, personal insight, and community support. PSSs can assist patients in coping with subclinical symptoms that impact daily living and help patients change their cognitive patterns, physical health, and social support to better manage clinical disorders such as post-traumatic stress syndrome (PTSD), depression, anxiety, or substance abuse (Burnell, Needs, & Gordon, 2017). Unfortunately, PSSs are often underutilized in healthcare and other clinical settings. One Midwest Department of Veteran's Affairs health clinic reported underutilization and lack of health care provider referrals to their PSS.

Literature Review

PSS job duties vary by setting but usually include leading wellness groups, teaching classes, case management, and one-on-one services such as recommending housing, jobs, financial counseling, health coaching, accompanying patients to appointments, and emotional support in various venues (Chapman et al., 2018). PSSs can supplement the work of primary care or mental health care providers in times of shortages of these professionals and can increase access to care and improve patient-centeredness (Shepardson et al., 2019). They can bridge the gap between mental health providers and patients with mental illness with pragmatic familiarity

and understanding of the recovery process at its rudimentary level, complementing the work of mental health professionals (Azevedo et al., 2020). PSSs are valuable members of mental health interdisciplinary teams that strategize programs specific to their training skills and experience to maximize patient outcomes (Shepardson et al., 2019).

The benefits of adding a PSS to staff were found during literature review and are innumerable. These benefits included enhanced treatment engagement, incentive for treatment, improved social functioning, and better quality of life (Possemato et al., 2018). One study found dramatic development in empowerment and confidence with peer support services that provided recovery orientation processes and afforded the patient a higher level of functioning (Resnick & Rosenheck, 2008). Additional studies found PSSs improved outcomes for substance abuse patients with reduced relapse rates, increased treatment retention, adherence, and satisfaction with whole health coaching and motivational enhancement (Possemato et al., 2018). The rising employment rate of PSSs is correlated with an increased reception of the recovery model of care and heightened emphasis on empowering patients to manage their own recovery (Chapman et al., 2018).

The literature review revealed various benefits of the PSS. Unfortunately, with any new process barriers can present, such as integration inconsistencies, poorly defined roles, lack of support, and disparities in training and certification. The proposed barrier that was addressed in this quality improvement project was knowledge about the benefits of peer support and the referral process. The project will plan to provide staff with informational sessions addressing when the use of a PSS referral is appropriate and useful in improving the patient outcomes. The aim or our project is to improve their outcomes and using the PSS referral process will aid staff

in the proper. The project will also confirm that the PSS follows proper charting and processes to ensure proper billing utilized.

Project Methods

This project was a quality improvement project designed to improve the referral process to mental health resources, specifically the PSS. The aim was to increase the number of patients who saw the PSS through education provided by the clinical staff. The setting for this DNP project was a Midwest Department of Veteran's Affairs health clinic. This health clinic has a PSS who receives a referral from the provider or nursing staff and then immediately sees the patient following their appointment with the provider. This project was deemed a quality improvement project by the IRB at Southern Illinois University at Edwardsville.

Several interventions were implemented. An educational handout about the role of the PSS was developed and was approved by the Department of Veterans Affairs. The handout given to patients by the nursing staff prior to seeing the provider for patient review. This handout assisted clinic staff in identifying patients willing to see a PSS concerning their mental health diagnoses, problems, or concerns. An educational tool was developed and provided to clinic staff which included information on the role of the PSS in primary care, and what services the PSS provides. If the PSS expertise was advised, the clinic staff informed the provider and gave a warm handoff to the PSS so that the patient could be seen immediately following the appointment with the primary care provider.

An educational meeting was set up with clinic staff to explain the role of the PSS and to give information about the in-house PSS for this facility and how to refer patients to the PSS. Education to clinic staff was completed in person and by the web-based video feature of Microsoft Teams in May and June 2021. The implementation phase was July and August 2021;

A review was conducted every two weeks from the start to make sure the project was implemented as planned. The Nurse Manager of the Patient Aligned Care Team had daily contact with clinic staff and relayed questions and comments about the project to DNP project leaders.

Evaluation

Project data was measured throughout the process. Data was collected from May and June 2021 to determine the number of referrals prior to project implementation. The pre-implementation data showed twenty-four referrals, for bipolar, anxiety, major depressive disorders, and unspecified counseling. Education on the referral process and implementation details were provided to clinic staff and providers in May and June 2021 and was well received. Implementation occurred during the months of July and August 2021. Data was collected during this two-month implementation period and compared to pre-intervention data. Twenty-one referrals were received from July and August 2021 representing an actual decrease in the number of referrals to the PSS post project implementation. This was contrary to the aim of the project to increase referrals to the PSS.

There were multiple follow up meetings with various staff members throughout the project implementation and no concerns were raised. A meeting with clinic staff, providers and the PSS was held after project conclusion to allow qualitative feedback and yielded useful feedback. Questions that were asked included: What do you feel went right? What do you feel went wrong? What three aspects of the project would you keep and what three aspects of the project would you change? How do you feel the project could have been improved to better serve veterans? Clinic staff provided post implementation critique. One issue identified was low staffing. Multiple LPNs were floated to the clinic to cover staff turnover. Unfortunately, these

LPNs came from different clinics within the facility but were not provided education on the quality improvement project. This was barrier to project implementation. Another barrier to project success was the lack of facility protocols on when to refer to Peer Support vs. Primary Care Mental Health Integration (PCMHI). No standard policy exists on which patients are appropriate for Peer Support. Some providers indicated that they instead referred to PCMHI, which bypassed the PSS and put the patient in direct contact with a medical provider. In an ideal system the PSS would be a part of the PCMHI team. Unfortunately, data on the number provider referral to PCMHI were not available but providers reported that they increased their referrals to PCMHI as a result of this project. Clinic staff indicated that they had a better understanding of the PSS role and the services they provide. They also indicated that they had a better understanding of the referral process.

In addition, data will be pulled from the electronic medical record (EMR) by the EMR Program Analyst. The data does not have any patient identifiers but included gender and age. The EMR Program Analyst provided details of all PSS referrals for the months of interest and whether the patient attended an appointment with the PSS. A request was sent to the EMR Program Analyst after implementation was complete. The program analyst acknowledged the request, and they provided pre and post intervention data within 4 weeks.

Impact on Practice

The implementation of the improved referral process for a PSS into collaborative care at the VA achieved a reasonable outcome. Many barriers were identified by this DNP project relevant to the PSS referral process at this Veteran's Administration clinic. Addressing these PSS referral barriers through future quality improvement initiatives could result in increased access to the valuable services provided by PSS, thus leading to improved mental health outcomes for this

patient population. Long term impact could involve an increase of referrals and use of PSS over all disciplines of health care once barriers to project success are addressed. A fair amount of information and studies that have been conducted on the benefits of PSS, specifically in the setting of PTSD, but more studies are needed on the benefits with other diagnoses. Mental health and primary care provider's feel the strain of mounting patient mental health related issues and can look at this DNP project for guidance on how to improve collaborative care with other mental health professionals. Further projects to address the barriers to PSS utilization identified by this project are needed.

Conclusions

Peer Support Specialists are an essential part of the health care team can help change the face of mental health and substance abuse recovery. Peer support specialists can provide additional mental health care through their knowledge of community resources. However, barriers exist within healthcare organizations which prevent PSS from being utilized to their full extent. This DNP project identified the following barriers to PSS referral and utilization: healthcare staff shortage and turnover, lack of protocol and clarity within organizations on which patients are appropriate to refer to the PSS, and segmentation of mental health services even within organizations. Ideally PSS referral should be incorporated both within primary care and a teams of mental health professionals such as PCMHI for optimal use of their services. As exposure to the peer support specialist increase, patient health outcomes will improve.

Author Contact Information:
Mathew Blount: mblount@siue.edu
Jamie Wagner: jamwagn@suie.edu