

**A State and County Implementation of the
Integrating Peer Advocates as Essential Members of
Multi-Disciplinary Team Model**

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**Integrating Peers
As
Essential Members
of
Multidisciplinary Healthcare
Teams**

Rusty Chambliss – Director of Training
**Cornell Wisby – Director of Community Education
Projects**

Collaboration
Health Resources & Services
Administration
&
Cicatelli Associates Inc.

Overview of the Peer Model

Purpose for developing this model:

- 1. Integration of Peers as productive and essential members of the clinical teams that provide services to PLWHAs.***
- 2. To provide a bridge between the community and the clinics who provide services to PLWHAs.***

Overview of the Peer Model
Using Peers/Consumers is not a new concept, but there have been problems associated with the utilization of Peers/Consumers in programs that deliver services to PLWHAs.

Overview of the Peer Model
Some of the problems identified:

- **Peer groups too large for agencies to fully utilize and make them productive**
- **No job descriptions**
- **No concrete or specific tasks for Peers**
- **No champions in clinics for utilization of Peers**
- **Lack of or minimal supervision leads to many problems**
- **Lack of definition of who the teams are and how they can work together**

Overview of the Peer Model
HRSA had identified a myriad of needs that Peers/Consumers would be beneficial in delivering services to PLWHAs with NAVIGATION emerging as a best practice in getting clients into care and treatment.

Overview of the Peer Model

This model was built upon several of these identified needs from HRSA from which we selected:

- 1. Enhanced Outreach***
- 2. Navigation***
- 3. Patient Education***
- 4. Adherence Support***
- 5. Advocates/Advocacy***

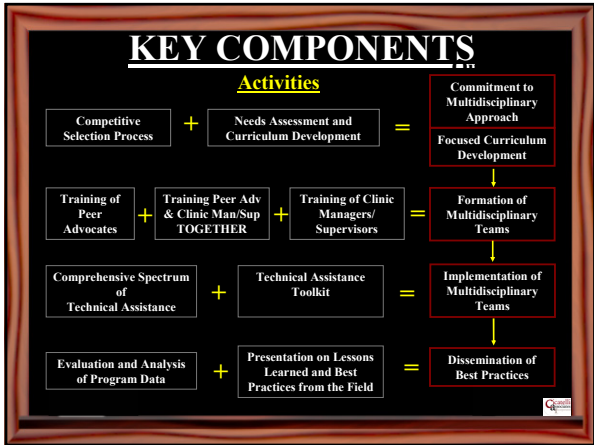
The model is built on the actual delivery of services taking into consideration some of the following:

- Centered on program providers who provide health services to PLWHAs in the communities where they provide services.
- Number of Peers would be 2 rather than 1 to plan for the event of Peers:***
 - having health issues that may take them away from clinics for periods of time
 - to make it easier to manage a small number and to build the program from there.

3. To use Peers as essential members of healthcare teams and not just in the community but onsite as well to be the bridge between the clinics and the community at large.

- Provider agencies are to formalize the process of integrating Peers as essential members of healthcare teams so that
 - it becomes a part of the system***
 - in the event that people leave the agency, for any reason,***
 - the program would continue to function during these transitions***

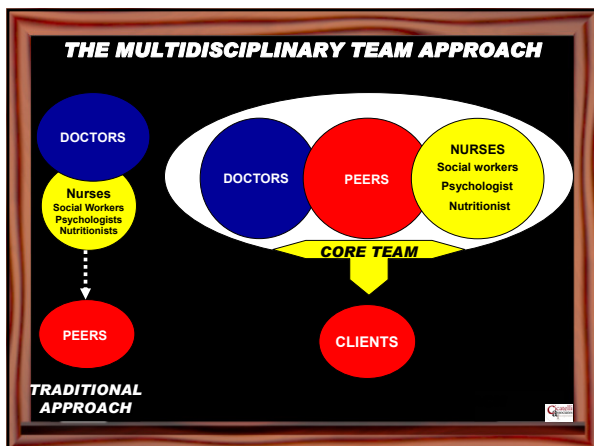
- 5. Part of the intent of the model is seeing the “*agency*” as the true client.
- 6. The model calls for active participation from supervision, both *Peer* and *Clinical*.
- 7. The model combines training with follow-up technical assistance for programs who accept the model.





MULTIDISCIPLINARY
APPROACH
TO
HEALTH CARE

DEFINITION
A group of people with different areas of expertise that utilizes the different perspectives of the members of the team and works for a common goal.





**County Implementation:
Integrating Peer Advocates
as Essential Members of
Multidisciplinary Teams**

Dan O'Shea
HIV, STD & Hepatitis Branch
Public Health Services
County of San Diego

San Diego County

- 4,200 square miles (2nd largest California county)
 - ✦ City of San Diego, 17 other cities, large urban and rural areas
 - ✦ Borders Mexico – world's most active border crossing
- Est. population 2007: 3,098,269
- Est. PLWH/A (12/07): 17,310
- Est. PLWH/A who know their status (*unmet need estimate*): (7/06) 15,086
 - ✦ Of these, estimated # **not using** HIV primary care in past 12 months: 5,579 (37%) (*upper bound estimate*)

San Diego County

- **Ryan White HIV Primary Care network**
 - ✗ UCSD teaching hospital (*3 programs*) and 6 nonprofit community health centers (*part of safety net for indigent*)
 - ✗ 11 clinic sites geographically dispersed
 - ✓ Familiarity of each clinic with surrounding community fosters client trust and culturally appropriate service delivery
 - ✗ Active caseload of **2,200** PLWH/A

Rationale for Using the Model

- Historic use of peer advocates
 - ✗ Stand alone services
 - ✗ Integration with medical case management
 - *Multidisciplinary teams*
- Treatment adherence program changes
- Effective Health Educator model at one clinic
- MAI focus groups (**May 2007**)
 - ✗ Need for more intensive advocacy using peer or health advocates to help PLWH/A access services, adhere to treatment and remain in care

Steps Toward Implementation

- Training
- Buy-in from administration
- Approval and implementation of new Early Intervention Centers model with wrap-around services co-located or linked to HIV primary care and outreach
 - ✗ **Three regional centers**
 - ✗ **Countywide services for women, children and families**
 - ✗ **All include peer advocacy components**
- New MAI services targeting people of color
 - ✗ **Multi-disciplinary model including case management, substance abuse tx, mental health tx and peer/client advocacy**
 - ✗ **linked to HIV primary care**

Role of Peers in Ryan White Clinics Based on the Model

- Great variance in progress among clinical programs (9)
 - ✦ (3 programs) Serve in “health educator” capacity at clinic to assist PLWH/A in understanding medical care and visits
 - ✦ (4 programs) Participate in multi-disciplinary team meetings inclusive of HIV primary care provider(s)
 - ✦ (2 programs) Participate in multi-disciplinary team meetings outside of HIV primary care; team member coordinates cases with HIV primary care provider(s)
 - ✦ (1 program) Peer advocate communicates directly with HIV primary care provider(s) as needed
 - ✦ (2 programs) No integration; limited use of peer advocates

Role of Peers in Ryan White Clinics Based on the Model

- Successfully integrated services within non-medical clinical programs:
 - ✦ Early Intervention Centers
 - ✦ Wrap-around services for women, children & families
 - ✦ MAI multi-disciplinary teams
 - ✦ Medical case management

Benefits of Using the Model

- Client and peer empowerment
- Improved access, retention, re-engagement in care
- Better understanding by provider/team of client issues and needs
 - ✦ Improved coordination of care
- Better understanding by clients of medical care
 - ✦ Improved adherence and outcomes

Challenges

- Varying size and structure of clinic programs
- Buy-in from administration
- Resources
- Participation of primary care providers

Solutions / Next Steps

- **More training**
- Communication of benefits
- **Merge with treatment adherence activities**
- Expand role as “Health Advocate”:
components of peer advocate, health educator, treatment advocate, benefits counselor
- **Create reimbursable service**

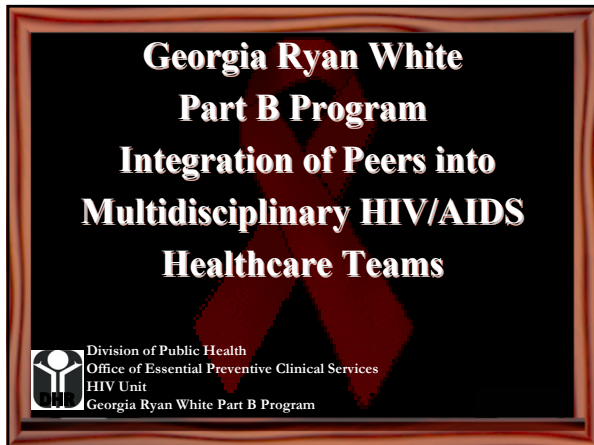
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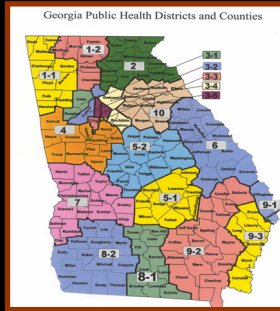


Primary Care And Support Services

Includes the Provision of Primary Care and Support Services Throughout Georgia.

Services Are Provided Through a Network of Providers, Including County Health Department Clinics and Community-Based Organizations Throughout Georgia.

Support Services Include a Wide Variety of Services, Including Case Management, Nutritional Services, Mental Health and Substance Abuse Services, Transportation, Home Health Care, and others.



Reason for Choosing Peer Advocate Model

Concept of peer advocacy has become recognized as an invaluable and effective addition to HIV/AIDS care services

HIV Case Management services in Georgia are extremely limited in what they can provide due to the large caseloads and the rural geography of the state

Limited funding – *“Doing more with less.”*

Role of the Peer Advocate

Viewed as a part of the clinic team.

Enhanced Outreach

Navigation

Patient Education

Adherence Support

Advocacy with Multidisciplinary Clinic Team



Benefits of Engaging Consumers Utilizing Peer Advocates

- x empathy and understanding
- x tolerance of diversity
- x ease of relating to newly diagnosed
- x knowledge of available resources
- x positive role modeling
- x strong sense of responsibility to clients

Benefits of Engaging Consumers Utilizing Peer Advocates

- x enhance self worth and self esteem
- x peer support provides a level of trust that is not easily created by medical professionals
- x reduces stigma
- x accelerates a consumer's transition to independent living

Challenges

- x Delayed Start Up
- x Acceptance of Peer Advocates as members of the healthcare team
- x Clear Understanding of Roles and Responsibilities
- x Limited Funding and Sustainability



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