

Dimension: Substance Use	Use of Peer Navigators
This Intervention Links to the Following Secondary Drivers: <ul style="list-style-type: none">• Welcoming and judgement-free clinic environment• Client-centered and client-driven support systems in place to provide individual and peer-to-peer group support• Effective clinic flow to care and support clients	
Level of Evidence: A reasonably well-defined Intervention (numerous models) with an evidence-base	

Summary:

Peer navigator services are often useful for new patients, patients who have inconsistent engagement and patients who have disengaged. Several organizations participating in the ECHO Collaborative as well as several controlled studies have showed the efficacy of peer navigators, particularly around engagement and re-engagement.

Core Components

While there is significant evidence indicating the effectiveness of peer navigators in certain roles, the exact roles of peer navigators and the specific models used, vary. Many potential roles including:

- Community outreach to bring newly diagnosed and out-of-care clients to services
- Weekly/regular calls to check-in with patients and reminder calls for upcoming appointments
- Accompanying clients to appointments related to their overall care
- Coordinating and assisting with successful linkage and referral to other services and supports including assistance with transportation
- Treatment adherence education and support
- Having peer navigators conduct targeted outreach to patients who have disengaged from care.
- Having peer navigators serve as Waiting Room Milieu Managers (see separate write-up of this intervention)

Several potential models – see Additional Resources below.

Tips and Tricks:

- It appears that peer navigator programs are most successful when their roles are fully integrated into the clinic's care team
- Most Models stress the importance of ongoing training, supervision and ongoing support of peers.

- Implementing an effective Peer Navigator program takes time, testing and refining before going to scale, using continuous improvement methods.

Additional Resources (Existing Guides, Case Studies, etc.):

- U.S. Health Resources and Services Administration (HRSA) - [Integrating Peers into Multidisciplinary Teams: A Toolkit for Peer Advocates](#)
- HRSA's Target HIV - [Building Blocks to Peer Program Success: Toolkit for Developing HIV Peer Programs](#)
- AIDS United's [Best Practices for Integrating Peer Navigators into HIV Models of Care](#)
- ECHO Collaborative Video Presentation – [Peer Programs: A Community Health Worker Program](#)

Suggested Measures:

Process Measures

- % of patients offered to be linked to a peer navigator
- % of patients offered a peer navigator who accept/use peer navigation services

Outcome Measures

- % of patients that have a peer navigator that agree or strongly agree that their peer navigator helps them achieve their HIV treatment and other life goals
 - Overall patient population
 - Segmented by race, gender identity, housing status, substance use status and other relevant sub-populations
- % of patients that have peer navigators with improved viral suppression rates within 6 months
- % of patients with peer navigator that achieve viral suppression (percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

Balancing Measures

- Comparison of improvement of viral suppression and achieving viral suppression (see outcome measures above) between patients with a peer navigator and patients that do not have a peer navigator.

Citations and Acknowledgements:

1. Melanie A. Thompson, Michael J. Mugavero, K. Rivet Amico, Victoria A. Cargill, Larry W. Chang, Robert Gross, Catherine Orrell, Frederick L. Altice, David R. Bangsberg, John G. Bartlett, Curt G. Beckwith, Nadia Dowshen, Christopher M. Gordon, Tim Horn, Princy Kumar, James D. Scott, Michael J. Stirratt, Robert H. Remien, Jane M. Simoni, and Jean B. Nachega. Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons With HIV: Evidence-Based Recommendations From an International Association of Physicians in AIDS Care Panel. *Annals of Internal Medicine* 2012 156:11, 817-833
2. Bradford, J. B., Coleman, S., & Cunningham, W. (2007). HIV System Navigation: an emerging model to improve HIV care access. *AIDS patient care and STDs*, 21 Suppl 1, S49–S58.
<https://doi.org/10.1089/apc.2007.9987>
3. AIDS United. Best Practices for Integrating Peer Navigators into HIV Models of Care. Washington, DC. 2015.