The Role, Value and Payment of Peer Delivered Services within Behavioral Health

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We will consider in our 15–20 minutes together:

- What are peer delivered programs?
- What kinds of things are being implemented?
- How are peer programs being paid for?
- How have billable peer support services been set-up?
- What are the outcomes?
- How are peers being utilized in integrated care?
Peer Support

• Individuals with the lived experience of a mental health or addiction recovery issue who are now in recovery.
  – These individuals can lead free mutual support groups through groups like the Depression and Bipolar Support Alliance, Alcoholics Anonymous, the National Alliance for the Mentally Ill, etc.
  – These individuals can become peer specialists or recovery specialists through a recognized training program
  – These individuals can be paid as coaches, trainers, group leaders
  – Paid peer specialists focus on the mutuality of the lived experience, engender hope, offer support, and focus on activation/self care.
  – Peer supporters are never to interfere with the relationship between the individual and their clinical team, only to facilitate communication between the consumer and their clinical team and support consumer centered, self directed care.

Mary

• Biggest behavioral “spend” in the entire state; Biggest “spend” in all of Optum
• What this really means is that Mary is a person we had not been able to help and who was living a life of deep despair
• Longest consecutive nights not in the hospital = two in five years
• Sent to every doctor, hospital, outpatient program in entire state.
• After receiving a Peer Coach:
  – Now into her 7th uninterrupted week living in the community.
  – New housing, Wellness Recovery Action Plan to support self care
  – She is wearing make up and jewelry when she goes out.
  – She is becoming increasingly more social with others whom she knows at the soup kitchens and community centers that she now frequents regularly. All reports show progress”
  – “I had a meeting with …. county community mental health center yesterday and they said that they haven’t seen …. (Mary) look this good in all of the years they have worked with her.”
Roles of peers and family members within systems

Facility staff
- Welcome and orientation
- Intake coordination
- Recovery planning
- Creation of advance directives
- Activation and self care
- Community resource connection

Trainers and group leaders
- Wellness Recovery Action Plan
- Pathways to recovery
- Seeking safety
- National Alliance for the Mentally Ill: family to family, basics, peer to peer
- Whole Health Action Management, Wellness Institute
- Mutual support groups
- Mental health first aid
- Question, persuade, refer for suicide prevention

And more…
- Warm lines and phone recovery check-ins
- Smoking cessation
- Weight loss programs
- Prison programs
- Online support groups
- Peer run or engaged crisis respite
- Supportive housing mentorship

Non-behavioral health
- Community health workers
- Promotors
- Cancer Reach to Recovery
- Mended Hearts
- HIV/AIDS
- And more…

MCO staff
- National, state, county, region

Peer and family coaches
- Peer coaches
- Peer bridgers (NY) or peer link
- Recovery coaches
- Family support partners
- Whole health coaches
- Navigators

Payment

- Grants
- Demonstration programs
- State funds
- Substance Abuse Mental Health Service Administration/ Health And Human Services/ Department of Labor funds
- Medicaid reimbursement
- Managed care organizations: grants, reinvestment, fee for services Medicaid, administrative overhead payment, within at-risk contract models

Grants
- Department of Health and Human Services
- Centers for Medicare and Medicaid Services
- Substance Abuse Mental Health Service Administration/ Health And Human Services/ Department of Labor funds
- Medicaid reimbursement
- Managed care organizations: grants, reinvestment, fee for services Medicaid, administrative overhead payment, within at-risk contract models
Training programs for peers, Medicaid reimbursement Flourishes

- 26 states reimbursing for peer services under rehab option/skills training option
- 36 states have training and certification programs:
  - Four major MH models: Appalachian consulting (Fricks), Depression and Bipolar Support Alliance, Mental Health America Southeastern PE, Recovery Innovations
  - One Addiction Recovery model: Connecticut Community Addiction Recovery

Creation of the first Medicaid reimbursed peer program in Georgia

Georgia became the first state to provide Medicaid reimbursement for peer specialists in 1999.

The success of Georgia’s program was evaluated in a 2006 study conducted by the Georgia Department of Behavioral Health & Developmental Disabilities that compared consumers using certified peer specialists against standard care.

- Individuals using the peer specialists showed reduced symptoms/behaviors, increased skills, and improved ability to access resources and to meet their own needs.
- Use of the peer specialists cost Georgia on average $997 per year compared to $6,491 for in day treatment.

Larry Fricks, 2011
Managed care begins paying for peer services

Optum FFS programs began in 2009, and are now in the following 21 states:

- Update systems to allow processing of H38 codes as a value add (so that peers are not charged a copay)
- Level of care guideline
- Credentialing guidelines
- Contracting standards
- Statement of work
- Training internal staff aka care advocates to make referrals
- Auditing standards and guidelines

Fee for service

- Direct to peer run services who have gone through the rigor of joining the Optum Network: credentialing, security, audits, referral
- As an employees of a provider run organization which is a part of the network: hospitals, community organization/clinics, health homes, other provider run organizations (can be bundled) H-38 codes

Why might an MCO use administrative overhead to pay for peer services in a risk contract?

Members who enroll in the program show:

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<tr>
<th>Significant decreases in percentage who use in-patient services</th>
<th>Significant decreases in number of in-patient days</th>
<th>Significant increases in number of out-patient visits</th>
<th>Significant decreases in total BH costs</th>
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<tbody>
<tr>
<td>47.9% decrease (from 52.0% to 48.2%)</td>
<td>62.5% decrease (from 11.2 days to 4.2)</td>
<td>28.0% increase (from 8.5 visits to 11.8)</td>
<td>47.1% decrease (from $9,999.69 to $5,291.59)</td>
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<tr>
<td>38.6% decrease (from 71.5% to 43.9%)</td>
<td>29.7% decrease (from 8.4 days to 4.3)</td>
<td>22.9% increase (from 5.1 visits to 11.8)</td>
<td>24.3% decrease (from $7,325.46 to $2,716.31)</td>
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Peers within integrated care

68% of people with a mental illness also have a physical health condition such as cardiovascular disease, diabetes, and hypertension. These high-need individuals often receive uncoordinated, inefficient care, resulting in higher costs and poorer health outcomes.

NASMHPD Report on the 25 year Mortality Gap

ROLES
• Whole health peer coaches (TX), 70% reduction in hospitalization, reduction in length of stay 3.7 days (Mr. West story)
• Whole Health Action Management (WHAM) SAMHSA/HRSA center for integrated care: Ten dimensions of wellness, goal setting and group support (Fricks)
• Wellness coaches: Eight dimension of wellness goal setting and individual support (Swarbrick)
• Health and Recovery Peer Program (HARP) (Druss) Research shows improvement in activation, adherence to medication, exercise an attendance at PCP appointments

What are the challenges in setting up a peer program?

• Not every consumer run program/ advocacy group wants to work with managed care or be reimbursed for services
• Lack of peer specialist or recovery coaches in the "pipeline" in certain places
• Fee for service (FFS) is a pretty step hill to climb for many peer groups
• Its not so easy for Managed Care Organizations either
• Push back from internal and external clinicians and legal — threats to jobs, threats to income, its new, stigma (NO lawsuits over the 10 years peer services have been reimbursed anywhere)
• Like anyone, if you are new to any process (including FFS), you make mistakes:  
  – Checking for Medicaid eligibility every single time
  – Slippage away from the statement of work: texting or calls instead of face to face, billing for a mailing all of which managed care will not pay for unless it is in the statement of work
What are the successes in setting up a peer support program?

- Really amazing outcomes
- Reduced costs
- Solution for hard to engage and activate consumers
- Sustainable income for peer run programs—most state grants are understandably evaporating due to increasing financial stressors
- Employing more individuals who are in recovery yet are having a hard time finding jobs based on their previous disability
- A more person centered, recovery and resiliency focused system

I want the health care system to: (n=2,000+)

**Consumer**
- Give me hope/seem hopeful about my future
- Let me make decisions/have some input into my treatment and care
- Focus on my wellness not my illness
- Act in a way that shows they believe that I can recover
- Listen to what I need instead of telling me what I need

**Family member**
- Act in a way that shows they believe that my family member can recover
- Focus on my family member’s wellness not their illness
- Treat my loved one and me with respect
- Listen to what my family member needs instead of telling him/her what they need
- Be more accessible
Thank you

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