

What Works in Mental Health? Measuring the Impact of Peer Support Services

Patrick Hendry, NCPS
& Kelly Davis

MHIA
Mental Health America
B4Stage4

Presenters



Patrick Hendry, NCPS, Vice President of Peer Advocacy, Supports, and Services, Mental Health America

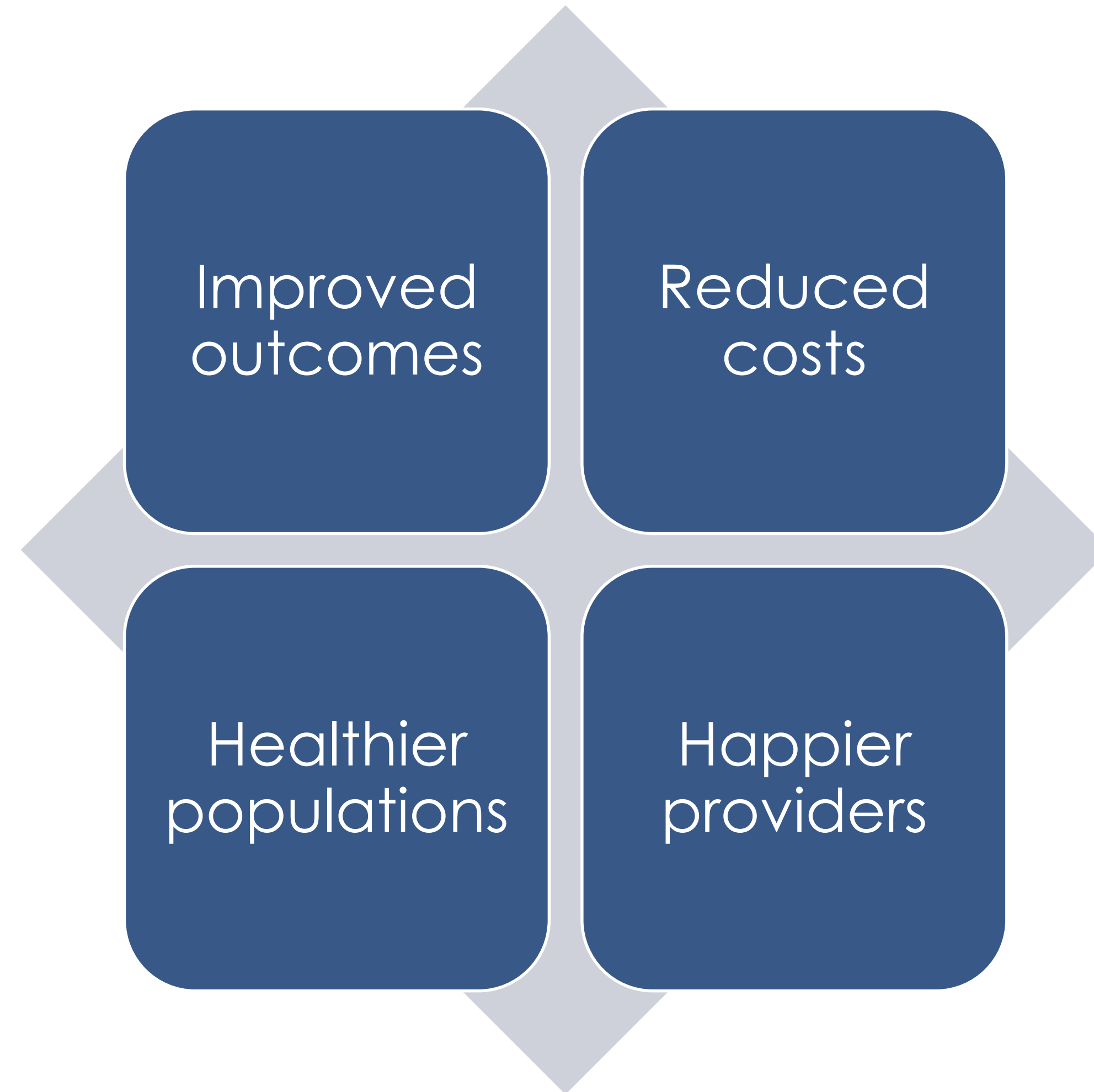


Kelly Davis, Director of Peer Advocacy, Supports, and Services, Mental Health America

Overview

- Traditional measurements and marks of success in peer support services
- How peers shift the focus on measurement
- Ways to measure the impact of peer support
- Broader effects of peers in behavioral health

The impact of peers



How do we measure the impact of peer support?

- Cost/Saving Analysis
- Traditional/prominent measures
 - Symptoms
 - Medication
 - Intensive service use

NCQA HEDIS

- National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set
- Most commonly used quality measurement
- Designed to let consumers compare plans

Medicaid Core Set

- Monitors state performance for Adults and CHIP
- Voluntary

NCQA HEDIS & Medicaid Core Set

- PHQ-9 use and reductions
- Medication adherence
- One appointment within 7 days
- One appointment within 30 days
- Screening for SUD

We're not doing a good job

FOLLOW-UP WITHING 30 DAYS OF ED VISIT					
	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	60.2	60.1	54.7	48	45.8

FOLLOW-UP WITHIN 30 DAYS OF ED VISIT (TOTAL)					
	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	15.0	13.8	-	12.2	11.8

EFFECTIVE CONTINUATION PHASE TREATMENT					
	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2017	51.8	52.9	38.6	55.2	59.0
2016	50.9	52.6	38.0	54.4	59.4
2015	50.3	51.1	39.5	55.8	57.6

- Increases in ED use, suicide, opioid overdoses
- People aren't staying engaged
- Clear gaps that peers could fill

We're not doing a good job

- More than just “Are you taking your meds?,” “What’s your PHQ-9 score?” or “Have you seen a doctor since you were hospitalized?”
- Important for different reasons but not the whole story

We're not doing a good job

- Do these measures give us a clear sense of what's happening?
- What should we be measuring?
- What do we measure in peer support?
- What matters to the people being served?

How do we determine what we expect from peer support?

- Initial questions should be:

What are the outcomes we expect if we add peer support to a program?

Are they different than other program goals?

What specific skills do peer specialists need to accomplish those outcomes?

Are they in accord with the core competencies and scope of practice spelled out in their certification?

How do we determine what we expect from peer support?

- Peer support has produced positive results in re-hospitalization rates, reductions in ER usage, self-management, and increased quality of life.
 - But generally-speaking what we compare it to is treatment as usual.
 - We do not know the potential for peer support because there has been little effort to create good QI measures for peer provided services, because we aren't sure what to measure .
 - Quality improvement measures often do not apply to the peer support component of a program.

Quality of improvement measures for peer support

- In developing a new service we try to build QI measures into the program so that we can continuously improve the quality of service.
- Where are QI markers for peer support?
 - Re-hospitalization rates in traditional services are high.
 - Any drop resulting from the provision of peer support is good.
 - Drops in ER usage are good.
 - Satisfaction with services is good.
 - Other obvious benefits are good
- Any benefit from PS is good
- But how good should it be if we don't maintain consistency.

What should we measure?

- Required skills vary from program to program.
 - Look at mobile crisis compared to one-to-one support in the community.
 - What we measure is different depending on the goals of the support.
- Individuals needs, even in the same program as others, vary
 - What we do is different from person to person.
 - Therefore, what we measure can differ from person to person.

Otherwise how do we know if we are really helping people?

We do know that our overarching goal is to make peoples lives better.

Do we know where to set the standards?

- Peer specialists understand that the point of services is to improve the lives of the people we serve.

The question is do we know the best ways to do that.

Much of peer support is being able to act in the moment, and that is a good thing but is it the best way to proceed?

The evolving practice of peer support holds much untapped potential.

The quality impact of peer support

- Personal Outcome Measures
- Goal Setting/Social determinants of health
- Flourishing
- PROMIS measures

Personal Outcome Measures (POM)

My Human Safety

Non-negotiable human and civil rights

- People are safe
- People are free from abuse and neglect
- People have the best possible health
- People experience continuity and security
- People exercise rights
- People are treated fairly
- People are respected

My Relationships

Social support, intimacy, familiarity, and belonging

- People are connected to natural support networks
- People have friends
- People have intimate relationships
- People decide when to share personal information
- People perform different social roles

My Community

Access to be in, a part of, and with community

- People use their environments
- People live in integrated environments
- People interact with other members of the community
- People participate in the life of the community

My Choices

Decisions about one's life and community

- People choose where and with whom they live
- People choose where they work
- People choose services

My Goals

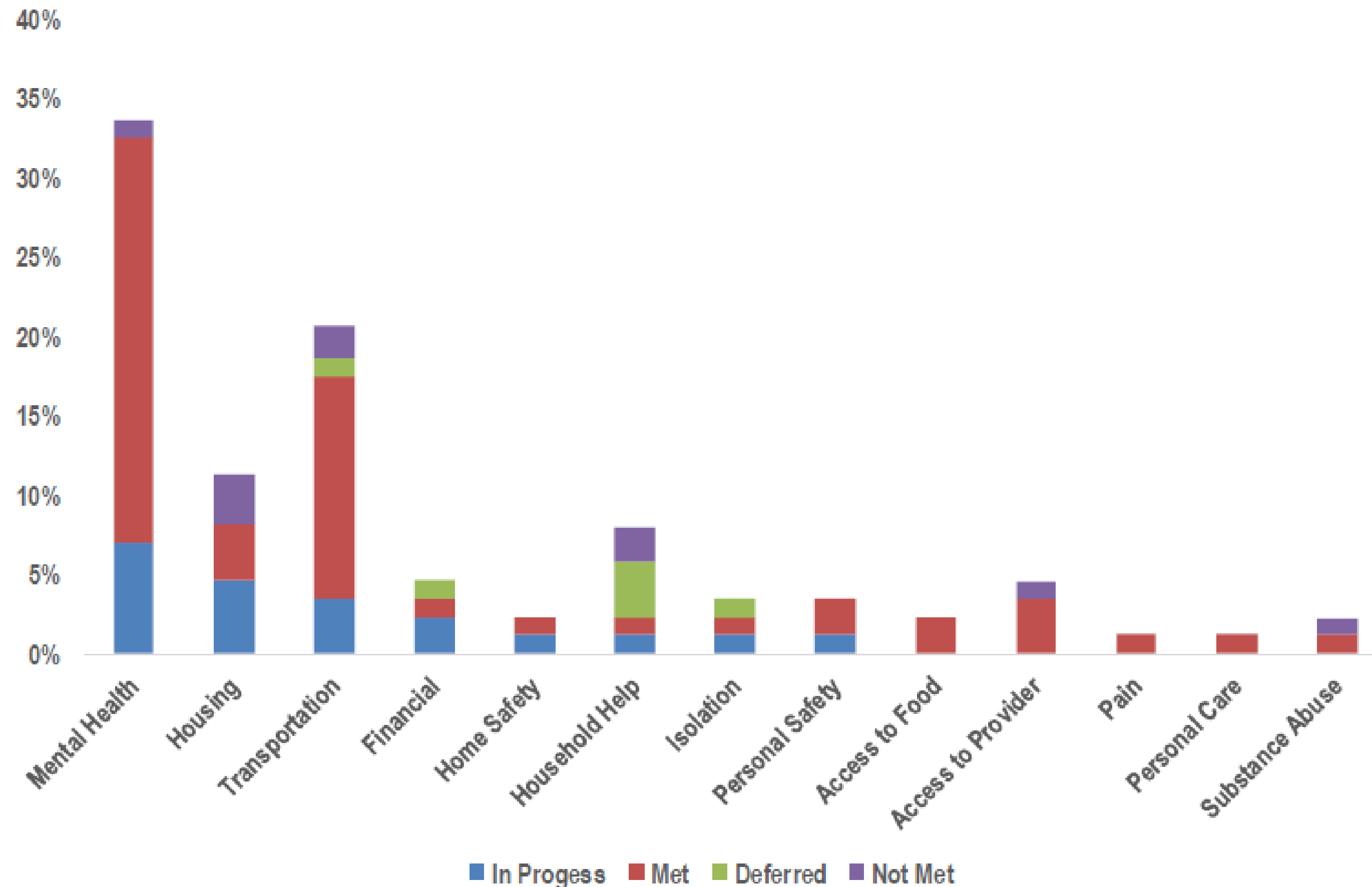
Dreams and aspirations for the future

- People choose personal goals
- People realize personal goals

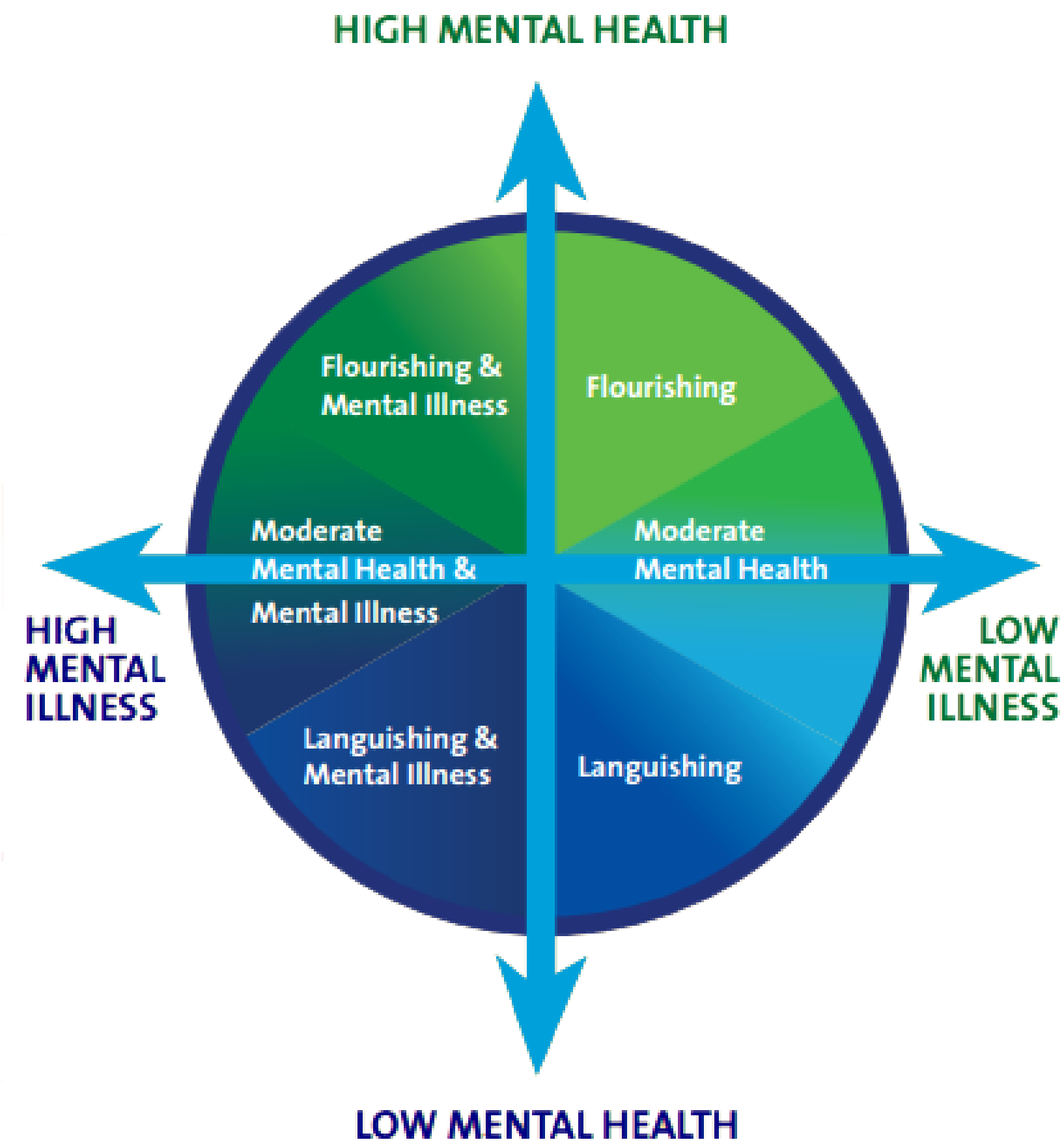
Goal Setting/Social Determinants of Health

Peer Support Pilot Stats: Jul – Sep 15, 2015

Goal Attainment



Flourishing



Emotional Wellbeing

- People choose personal goals
- People realize personal goals

Psychological Wellbeing

- Self-acceptance
- Positive relations with others
- Personal growth
- Purpose in life
- Environmental mastery
- Autonomy

Social Wellbeing

- Social acceptance
- Social integration
- Social contribution
- Social coherence
- Social growth

PROMIS Measures

- Patient-Reported Outcomes Measurement Information System
- Rigorously researched and developed by NIH
- Reliable, precise measures from physical, mental, and social wellbeing

PROMIS Measures

- Meaning and Purpose
 - I have a reason for living
 - I can make sense of my existence
 - The things I do in my life are of significant
 - I understand my life's meaning
 - My life makes sense to me
 - I have lots of reasons for living

PROMIS Measures

- General Life Satisfaction
 - If I could live my life over, I would change almost nothing
 - I am satisfied with my life
 - I have a good life
 - I have the things I want in life

PROMIS Measures

- Appeal of Substance Use
 - I used drugs to feel more confident
 - I used drugs to make it easier to talk to people
 - While using drugs, I liked myself better
 - I used drugs to relax

PROMIS Measures

- Social Isolation
 - I find that friends or relatives have difficulty talking with me about my health
 - I feel isolated even when I am not alone
 - People get the wrong idea about my situation
 - I feel that I am no longer close to anyone

PROMIS Measures

- Emotional Support
 - I have someone who will listen to me when I need to talk
 - I have someone I trust to talk about my feelings
 - I get love and affection
 - I have someone to talk with when I have a bad day

The Future

- Value-Based Payment
- Increased influence and whole health, wellbeing focus
- Culture, training, and leadership

The Future

- As peer support matures so does our understanding of its' potential.
- With greater understanding of potential we gain a greater understanding of what we should measure in order for the practice to continue to grow.

Contact Us



-  Mental Health America
500 Montgomery Street
Suite 820
Alexandria, VA 22314
-  Facebook.com/mentalhealthamerica
-  Twitter.com/mentalhealtham
-  Youtube.com/mentalhealthamerica
-  Patrick Hendry, NCPS
phendry@mentalhealthamerica.net
Kelly Davis
kdavis@mentalhealthamerica.net



THANKS FOR COMING



MHA
Mental Health America
B4Stage4