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Healthy Amistad:

Peer-Led Initiative

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HEALTHY AMISTAD

▪ Introduction

Between 2007 and 2009, as part of its statewide Integration Initiative, the Maine Health Access Foundation (MeHAF) funded 24 Clinical Implementation grants that support innovative approaches to integrating mental and physical health care services. Amistad was awarded one of these grants and developed the Healthy Amistad project, with a particularly unique approach to integration. It focuses on wellness and peer patient navigation¹ services for persons suffering with severe and persistent mental illness (SPMI). This case study describes the project, staff and clients' perspectives of success, how it was implemented, and considerations for others interested in pursuing this approach to integration.

▪ Context of Healthy Amistad

Amistad is in its 27th year. It was started by families as a social sanctuary for their loved ones with mental illness. Amistad is a consumer-run organization (100% of board members are consumers) serving clients living with severe and persistent mental illness, substance abuse/addiction, or without a home in the Portland, Maine area. Amistad is a peer support and recovery center, the largest in Maine. Additionally, it serves daily lunch to people for a low charge and offers access to phones, mail, showers, laundry, and representative payee services² to its members. From its grant application, the mission of Amistad is “to foster a welcoming community for people who are facing mental health and other life challenges; to develop peer services; and to advocate for changes to the mental health system which are based on a belief in recovery and respect for meaningful consumer voice.”ⁱ Following the guiding principle of “power with versus power over,” Amistad's philosophy is to keep barriers to participation minimal: “If you feel you belong, you do.” Many of the organization's functions are supported by member volunteers. Staff estimates that approximately 600 hours of volunteer service are provided by members each month. They include reception, maintenance, cleaning, meal preparation, and meal serving/clean up. Lunch vouchers are often provided to those who volunteer at Amistad. Members' volunteer work is critical to sustaining Amistad.

¹ Peer patient navigation is performed by a person in recovery who is trained and skilled to perform a role similar to that of a case manager.

² Assistance with managing personal finances.

▪ **What Healthy Amistad Did**

Problem Addressed

“Twenty-five years too early” was the rallying cry for the vision of Healthy Amistad, referring to the well-documented findings that persons with SPMI have shorter life expectancy and rates of death 1.2 to 4.9 times higher than similar age

cohorts not suffering with SPMI.^{ii,iii,iv} Co-occurring medical conditions, chronic disease, substance abuse, and medication side effects are all contributing factors, but a key pathway through which this mortality discrepancy occurs is a fragmented, uncoordinated, and non patient-centered health care service system. Separate systems of care for mental and physical health present large, often insurmountable, barriers to medical prevention and treatment services for persons with SPMI. The complex co-morbidity of physical and mental health conditions calls for an integrated and holistic approach to care. This approach challenges the traditional system of health services that focuses on short appointment times and billable services. Additionally, bias and stigma related to mental illness

Amistad’s Membership (Self-Report of Health)		
	Amistad[*]	BRFSS[#]
Mean age	44 years old	N/A
Overweight	62%	64%
Diabetes	31%	8%
High blood pressure	46%	30%
Lung disease	24%	N/A
Heart disease	21%	N/A
Smoking	57%	17%
ER use within 6 mos	63%	N/A

* Based on 109 Survey Respondents; MeHAF Grant Application submitted by Amistad, Inc. Peer Patient Navigator Project. July 2007.
Behavioral Risk Factor Surveillance Study Maine 2009

as well as lack of provider familiarity and experience caring for persons with SPMI may make the encounter difficult or uncomfortable for the patient, provider, and/or other practice staff. A sampling of quotes substantiate that these access issues ring true for Amistad’s members.



Amistad Members Comment on Accessing Primary Care

Clients Note Problems with the System

- Health care is generally available, but one has to know how to game the system in order to get the care.
- I know more about my condition and what specialists I should see than my provider.

- It's only with stubbornness and tenacity that you get what you need.
- I have gone several years without telling my primary care provider about my mental health diagnosis, even though I'm on some strong medications.
- Providers blow off my [medical] condition and think it's because of my mental illness.
- They don't provide the full set of tests because they think it's [medical issue] due to my mental illness.
- There are the haves and the have nots, and I am a have not.
- I'm a strong advocate for myself; I don't hear "no."
- Medical providers dismiss me because of my mental health diagnosis.

Clients Recognize Good Service

- Very compassionate.
- I can call their number, and they get back to me.
- They're there because they want to be there.



Description of the Innovation

Amistad received funding through MeHAF's Integration Initiative to launch its Healthy Amistad project with the following three key components:

1. Peer Patient Navigation

Purpose: Provide a Peer Patient Navigator (PPN) to support Amistad members to access services and help meet their medical health care needs.

The Peer Patient Navigation component of Healthy Amistad is based on the growing literature suggesting better outcomes and cost effectiveness of peer support services in the field of mental health recovery. The role of the PPN is derived from the Patient Navigator role in the cancer care field. Also, Amistad has drawn from its organizational learning and experience with peer support work as follows:

- **Peer support in an inpatient mental health hospital:** Since 2004, Amistad provides peer support services at Riverview Hospital, a mental health hospital in Augusta. They include support during admissions, treatment planning, and advocacy.
- **Emergency department program:** Paid peers provide support and advocacy on the psychiatry side of the emergency room at Maine Medical Center in Portland seven nights a week, helping to reduce stress and trauma related to emergency room admissions (voluntary and involuntary). This program was started with MeHAF funding and is now funded by Maine Department of Health and Human Services.

In hiring a PPN, the individual's experience and success in practicing recovery skills were the most important criteria. A key interview question was: "What do you know about recovery, and how did you come to know it?" A PPN was hired with the mandate to "do what it takes to get people healthy." The key dimensions to this position are described below.

- **Client recruitment:** The PPN obtains his caseload through referrals from Amistad staff and members, referrals from practices where there is an established relationship, and self-referrals. The PPN works hard at being visible around Amistad through activities such as organizing the monthly Healthy Amistad dinners, organizing an annual NAMI (National Alliance on Mentally Illness) walk, and playing pool and cards, for the purpose of developing rapport and relationships with members.
- **Caseload:** The PPN has a caseload of 33 clients and works intensely with 15 per month. He also has a list of approximately 20 more that he helps on a one-time basis that are not part of his ongoing caseload. However, often this willingness to help in the short term turns into longer-term relationships with clients.

Some Caseload Statistics (out of 33 clients)

- During intake, 16 clients could not recall the last time they had met with a primary care physician.
 - 32 clients are on public insurance.
 - 11 clients have psychiatric case managers.
 - 15 clients either had no usual source of primary care or were on "same day scheduling" status (i.e., were not allowed by their providers to schedule appointments ahead of time).
- **Enrollment:** The PPN conducts a thorough intake with the client, including health history, health behaviors, and health services utilization profile. This intake results in an agreement signed by the member, which outlines the responsibilities of both the PPN and member. This begins a client's "notebook," in which the PPN records details from each encounter. Notebooks are shared between the PPN and client, and clients know that they can access their notebooks whenever they like.
 - **Services:** The PPN serves his clients in many ways: transportation to and from appointments, assistance with making appointments, accompanying to appointments, support and encouragement to follow through on treatment plans, and advocacy.

Accompanying a client on a medical visit, the PPN was observed to:

- Provide input on tests that the client recently had based on the records in his notebook;
- Confirm date of client's last flu shot based on the records in his notebook;
- Access the client's medication list faster than the physician, showing the list to the doctor;
- Help the client ask questions about issues of concern;
- Keep extensive notes on what was discussed;
- Accompany client to check in and check out (thus, noting next visit);
- Walk down to the lab with the client;
- Pick client up from the lab by car when he saw how much the client was struggling with walking because of leg pains;
- Greet the familiar reception staff; and
- Maintain great rapport with the client throughout the visit.

- **Provider community outreach:** The PPN also conducts outreach to the provider community by traveling to the primary care practices his clients frequent to explain the services he could offer. These include educational sessions to help providers better understand the barriers clients face in gaining access to services as well as what clients must do to manage their self-care. The PPN may suggest a few small changes that practices could make that would likely improve clients' ability and comfort accessing services. Additionally, the PPN outlines all roles that staff can play and how each affects the client positively or negatively.
- **Amistad member outreach and education:** The PPN produces a monthly newsletter, runs support groups, and organizes and leads various activities at Amistad that promote physical wellness.

2. Healthy Eating

Purpose: Encourage healthy eating through education and the provision of healthier lunch foods.

Amistad hired a chef to run its kitchen as well as to develop and roll out the nutrition program at Healthy Amistad. The chef, through his contacts in the industry and creative recipes, has slowly added healthier choices to the lunch selections. Often, during a meal, he will talk about the dishes, including how they were prepared, the ingredients used, and nutritional content to increase knowledge and understanding around healthier eating. Additionally, a salad bar was installed in the cafeteria and is an option for every lunch. Once a month, the chef prepares a Healthy Amistad dinner. This social and

educational event is managed by the PPN and motivates the whole Amistad community to renew its commitment to better health.

3. Physical Activity

Purpose: Encourage and provide opportunities for exercise.

Amistad organizes social activities on an ongoing basis. The Healthy Amistad project adds physical activities to these events, promoting exercise and well-being. Examples of physical activities include walks, hikes, and bowling.

▪ Did Healthy Amistad Work?

Results

Amistad collected some outcomes data and anecdotal information on its activities; however, it is the perspectives of members and providers with whom the PPN worked that best demonstrate Healthy Amistad's success.

- **Weight:** Amistad measured the impact of its initiative to improve physical health through healthy eating and the exercise component of Healthy Amistad. Thirty members volunteered to have their weight taken at the beginning of the program and every month. After six months, 22 participants weighed in. Three out of four who needed to gain weight did (average of 8 lbs.), and 15 out of 18 who needed to lose weight did (average of 12 lbs.). The 33 clients in the PPN's caseload lost a combined total of 225 lbs.
- **Healthy eating:** Amistad tracked an increase in the required inventory to stock its salad bar. There was an increase in salad sales and a decrease in sales of french fries, grilled cheese, pizza, and burgers as noted by reviewing the meal tickets.
- **Patient-centered appointment planning:** Several of the PPN's clients were on "open access" appointment status with their providers. Generally, this was a result of missing a number of planned appointments. In an attempt to facilitate access and reduce no-show rates, some providers require that patients schedule appointments the same day as their call during the provider's "open access" period. Some clients perceive open access, however, as

"I have to say that since the Peer Patient Navigator has had my case, I have not missed one single appointment with any of my doctors in at least nine months. It is the best program ever, and I really love the program. I am 59 years old and have a lot of illnesses."

- Gladys

"The Peer Patient Navigator Program is a big help, and would be a wonderful thing for people to try. It's gotten me to my appointments that I used to miss before the program came along. I'm feeling better both physically and about myself."

- Marilouise

discriminatory and punitive. Additionally, many of the PPN's clients rely on transportation programs to get them to and from appointments. The transportation company requires two days notice to arrange transportation; thus, the same day, "open access" appointment is not a feasible alternative. The PPN has raised this as a concern with several of the practices where his clients are seen. Providers are more likely to agree to honoring a client's preference for scheduling when they know that the PPN is involved and willing to assist the client in making the planned appointment.

- **Primary care practice nurses consider the PPN a valued team member:** The PPN helped chronic disease nurse care managers develop relationships of trust with the PPN's clients, enhancing the care they were able to provide. In addition, the PPN helped manage patient visit logistics by improving patients' abilities to attend their appointments, thereby reducing no-show rates for the primary care practice. For example, prior to participating in the PPN program, one client had a therapist that she saw sporadically. During this period, she made only 28 of 67 appointments, 14 of which were no call/no-shows. However, while working with the PPN, the client only missed one of nine appointments and was able to call ahead and cancel the appointment. Furthermore, her psychiatric-related emergency room visits dropped substantially. These kinds of improvements led care managers to do their jobs more effectively overall and made primary care visits more comfortable for clients.

“ “

Effectiveness of Patient Peer Navigator from the Perspective of Nurse Chronic Disease Care Managers

- Helps us manage patient appointments;
 - Has decreased the no-show rate;
 - Empowers patients through challenging them to take steps or actions on their own;
 - Encourages patients to follow through on their care plans (the care managers noted they often include the PPN as part of their care plans);
 - Makes a connection with patients and "makes them feel safe";
 - Helps nurture the relationship between the nurse care manager and the patient (i.e., the patient trusts the PPN, and then the PPN endorses the care manager);
 - Has saved some patients from being discharged from practice (due to missed appointments);
 - Helps track down patients whom we are trying to reach;
 - Helps patients seek care before a condition becomes a crisis; and
 - Gives patients a feeling of success.
- ” ”

- **Clients validate how PPN has helped them renew their commitment to health:** One client talked of the PPN as being a lifesaver. The PPN made and took him to his appointments. “He wanted me to go to the doctor more than I wanted to go.” In the words of another client, “Healthy Amistad is a great program to be a part of. My health is a lot better and I attend all my doctor appointments. I’ve even lost some weight. I couldn’t have done it without the PPN’s help.” Many clients are truly appreciative of the PPN and think they are healthier because of his role in their care.

▪ How Healthy Amistad Made a Difference

Resources Used and Skills Needed

Overall

- **Passion and commitment:** Healthy Amistad has become a mindset for the organization as a whole. Whereas the funding enabled particular activities under Healthy Amistad, the “25 years too early” was a call to action. This egregious mortality disparity, that directly threatens the well-being of those whom Amistad was founded to serve, needed to be addressed. Thus, the mindset of “health” became integrated into the fabric of the organization.
- **Member-centeredness:** As an organization run by members for members, staff takes direction from the member board, and members are involved at all levels of decision making. The Healthy Amistad project is endorsed by members, adapted, and modified based on members’ wants and needs, and thrives only through members’ willingness and interest in participating. It is, in a sense, a gold standard of patient-centeredness.
- **Creativity:** Healthy Amistad developed and continues to develop organically. It operates within an organization willing to experiment, seeing what works and what does not. With regard to encouraging exercise, various activities are planned; some are a hit with the members while others are not. Amistad’s chef tries out new and different “healthy eating” menus to mixed reviews. When the PPN (Mike) called his group education sessions “wellness groups,” very few members attended. However, when the education sessions became known as “Mike’s Magic Moments,” member attendance improved and became more regular. Topics of these sessions have included kindness, addiction, use of WebMD, and various chronic disease- and medical condition-specific sessions.
- **Resourcefulness:** Amistad operates on a tight budget and must be resourceful in how it uses all available dollars. The chef is creative, tapping his industry contacts for product donations, with the reminder that donations may be eligible as a tax deduction. The chef noted that although lunch is sold for \$1.75 a plate, on average it costs him \$0.25 to \$0.35 to

produce one lunch plate. The Peer Patient Navigator's job description is another example of resourcefulness: "Do what it takes to get people healthy."

Peer Patient Navigator

- **Ability to be effective at both the peer and professional levels:** Amistad's Peer Patient Navigator had to develop rapport and trust among members as well as among the staff and providers in the medical settings his clients frequented. An effective PPN must have a range of social, communication, and professional skills that can be drawn on as needed. He or she must also have ease and confidence to operate in both professional and social settings. The PPN may be playing pool with members as a way to develop trust and rapport in the morning and in the afternoon giving a presentation to nurses and social workers about peer navigation to promote these professional relationships.
- **Flexibility:** Clients' needs related to accessing health care were varied, ranging from transportation to and from appointments, to assistance with making appointments, to accompanying members on their appointments, to support and encouragement to follow through on treatment plans, to patient advocacy. There was no list of activities that was common to all clients engaged with the PPN. Additionally, some activities that planners thought initially would work ended up not working. For example, the Peer Patient Navigator initially tried developing "wellness plans" but found they did not work and were perhaps redundant with providers' treatment plans. The intake process, initially attempted during a first encounter with the PPN, also needed to change. Some clients were not always comfortable going through a long intake in one setting; thus, the PPN takes his cue from the client and, consequently, it may take a few visits to complete the full intake process.
- **Understanding the role of a "peer" in providing services and support for this role:** Amistad staff noted that the issue of personal boundaries is different when running peer services compared to professional services. The overall opinion was that sharing personal stories contributes to the success of peer programs. These more permeable boundaries are not generally appropriate in other professional contexts. Another difference is that the personal connections made with clients make it important for the PPN to engage in self-care and to allow adequate "down" time. The PPN can be quoted as saying: "need to seek wellness for myself," "find ways to ensure that self-care is happening," "know how to set boundaries around disclosure", and "be ready for some paradigm shift." Appropriate and skilled supervision is required to assist peer professionals with these complex issues.

▪ Considerations for Adopting This Innovation

Getting Started with This Innovation

- **Prioritize health:** The first step to adaptation of a Healthy Amistad approach is to emphasize physical health as an everyday and normal priority for all members and staff, making it part of the organizational culture. Many related activities can be accomplished relatively cost-effectively and without additional resources (e.g., discussing health in group settings, organizing active outings – walks, hikes, swimming – and increasing the selection of healthy snack and food options).
- **Identify barriers to attaining prevention and health services for members:** Conduct needs assessment among members to understand their patterns of seeking and accessing medical health care, along with the barriers that inhibit their ability to be healthy. The needs assessment can help to determine whether a peer patient navigator approach would be useful for addressing such barriers.
- **Develop job description of Peer Patient Navigator:** Drawing on research literature, case presentations, and professional contacts related to peer support services and navigation, write a job description that integrates lessons learned and best practices, is tailored to address needs identified, and fits with the organizational culture. A detailed job description should present all individual characteristics needed for the position, including characteristics related to the “peer” aspect of the position (e.g., Amistad’s focus on the individual’s success in practicing recovery skills). It should also identify how this person will be supported and supervised within the organization.
- **Hire the right person:** Hiring a Peer Patient Navigator is different from hiring other professionals within an organization, given the complexities of the dual peer and professional roles. The job description will help as a process for thinking through the characteristics, background, and experience needed. There should also be the recognition that it will take time for the PPN to establish rapport and a clientele for his/her services, and, similarly, to establish contacts and linkages in medical settings.

Sustaining This Innovation

- **Monitor, collect, and share data:** To make the case for reimbursement, data are needed on the overall effectiveness and cost-effectiveness of peer navigation and other program components. In the shorter term and for monitoring and program improvement purposes, data should be tracked on numbers served, types of services provided, health behaviors, health outcomes (e.g., management of chronic disease), and patient and provider experience. Longer-term outcomes and evaluation may focus on

improved overall health, reduced hospitalizations, and reduced emergency room use.

- **Cultivate funding sources:** There was the perception at Amistad and among a sample of nurse care managers that the role of Peer Patient Navigator saves money through reducing no-show rates and enhancing adherence to treatment plans. Insurers (public and private) and/or health delivery systems may be interested in paying for peer patient navigation if the cost savings and/or improved care quality could be proven. Medical home initiatives using bundled or enhanced payments may invest in peer patient navigators to improve quality of care and/or to reduce costs.

ⁱ Ibid.

ⁱⁱ Berren MR, Hill KR, Merikle E, Gonzalez N, Santiago J. Serious mental illness and mortality rates. *Hosp Community Psychiatry*. 1994 Jun;45(6):604-5.

ⁱⁱⁱ Felker B, Yazel JJ, Short D. Mortality and medical comorbidity among psychiatric patients: a review. *Psychiatr Serv*. 1996 Dec;47(12):1356-63.

^{iv} Colton CW, Manderscheid RW. Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing Chronic Disease*. April 2006.