

# American Academy of Family Physicians Foundation/Peers for Progress

## Diabetes Management through Peer Support and Community Outreach from the Patient-Centered Medical Home

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### PROJECT OVERVIEW

Peers for Progress was founded in 2006 and is committed to promoting peer support as a key part of health, health care, and prevention throughout the world. Peers for Progress, associated with the American Academy of Family Physicians Foundation (AAFPF) during this project, assists various peer support programs globally as well as provides networking for quality improvement, resources for program development, and technical assistance to improve peer support programs. In collaboration with Together on Diabetes, Peers for Progress partnered with the Alivio Medical Center, a Federally Qualified Health Center (FQHC), in order to provide peer support to low income, disadvantaged adults in Chicago, Illinois. The Alivio Medical Center provides bilingual services and is dedicated to providing quality and cost-effective health care to the uninsured and underinsured in the Latino community. The aims of this initiative were to engage low-income, disadvantaged minority adults with diabetes in self-management of their diabetes, improve self-management behaviors such as prescription adherence, physical activity, healthy diet, and not smoking, improve clinical indicators, and improve the overall quality of life of their clients.

In order to meet these objectives, Alivio implemented the *Mi Salud Es Primero* (My Health Comes First) program, which linked patients to *promotores*, or bilingual Community Health Workers (CHW) who were fluent in Spanish and English. This program was implemented with around 3,800 low-income Latino adults living with type 2 diabetes who were served by Alivio. These patients were split up into two groups, 471 of which were identified as “high-need” and therefore received an intensive intervention while the remaining patients received “regular-care” services at Alivio. The *promotores*, which were referred to as *Compañeros en Salud* (CES), contacted their peer at least once a month in order to provide information and diabetes self-management educational materials. Peer support was administered according to Four Key Functions identified by Peers for Progress. These key functions included: 1) assistance in daily management of diabetes; 2) social and emotional support; 3) linkages to clinical care and community resources; and 4) ongoing support. In addition, the intensive intervention provided patients with peer support services and monitored various measures, including clinical outcomes, self-management behaviors, depression, and quality of life. Clinical outcomes for this study included HbA1C levels, blood pressure, cholesterol, and body weight. Data were also collected on diabetes self-management behaviors and quality of life. These data were collected through surveys and electronic medical records.

### CONTEXT AND PARTNERS

As part of Peers for Progress, the Alivio Medical Center adopted a Patient-Centered Medical Home (PCMH) model in order to meet their goal of providing high quality care tailored to reach and engage medically underserved communities. The PCMH model aims to assist patients with their diabetes self-management by making care more personalized and coordinated. This improved diabetes self-management is achieved by coordinating patient care across the entirety of the health care system and allows for culturally-sensitive care that increases patient engagement, improves communication, and facilitates shared decision-making.

Partners of this initiative included the National Council of La Raza (NCLR) and TransforMED. The NCLR is dedicated to improving opportunities for Hispanic Americans and is the largest Hispanic civil rights advocacy organization in the United States. The NCLR collaborated in the design and evaluation of the project. The NCLR also contributed to developing the CES protocols and training materials, managed the implementation of the evaluation protocol, and disseminated and promoted tailored program materials, toolkits, and reports. TransforMED provided the expertise on how to successfully implement a PCMH model. In addition, TransforMED aided in site selection and preparation, helped with intervention development, and served as a technology resource.

## *ASSESSMENT AND PLANNING*

The project began with the identification of several implementation sites for the project followed by site visits. Ultimately, Alivio Medical Center in Chicago was selected due to its similar focus with AAFP and existing *Promotores de Salud* program. Once the selection process was complete, the partners began developing the project. Peers for Progress, together with NCLR and TransforMED, developed intervention materials, plans, training materials and protocols as well as worked together to manage the overall project. The NCLR was also responsible for the recruitment and training of peer supporters. The Alivio Medical Center hired a Project Manager to oversee program implementation and daily activities and a Project Coordinator to aid in supervision and support of the CES. These organizations maintained close contact throughout in order to successfully implement the project.

The responsibility of on-going evaluation of the project was also shared by these organizations. Program evaluation aimed to assess patient outcomes, access to care, and the integration of peer support and community outreach with primary care services. Data were collected on program implementation, engagement of target population, clinical status indicators (e.g., HbA1C, blood pressure, cholesterol, and body weight), diabetes self-management behaviors, quality of life indicators, and organizational success factors. Finally, Peers for Progress was responsible for overall data analysis and management, and the eventual preparation of reports and publications.

## *INTERVENTION*

Alivio Medical Center provided standard of care services to the majority of patients, as well as an intensive intervention to a subset of 471 “high-need” patients. “High-need” patients were those who had type 2 diabetes, were prescribed type 2 diabetes medication, had an HbA1C level of  $\geq 8$ , had frequent visits to the emergency room, and had multiple barriers to diabetes self-management such as low socio-economic status, personal/social barriers, lack of family support, and low comprehension of diabetes self-management. Table 1 displays the intervention components that were implemented, as well as their mode of delivery.

**Table 1. Components and Elements of Peers for Progress**

INTERVENTION COMPONENTS	SPECIFIC ELEMENTS (what was done)	MODE OF DELIVERY (by whom and how)
Diabetes Self-Management Education	<ol style="list-style-type: none"> <li>1) 2 hour weekly group DSME course for 4 weeks</li> <li>2) One-on-one DSME and follow-up available, as needed</li> <li>3) Assistance with AADE 7 Key Behaviors</li> <li>4) Free Glucometer with instruction and patient skills demo</li> </ol>	<ol style="list-style-type: none"> <li>1) Compañeros en Salud (CES) - peer supporters, at clinics</li> <li>2) CES, phone and/or clinic</li> <li>3) CES, phone and/or clinic</li> <li>4) CES at first face-to-face meeting at clinic</li> </ol>
Support for Managing Diabetes and Distress	<ol style="list-style-type: none"> <li>1) Ongoing peer support, three phase protocol</li> <li>2) Referral to Behavioral Health</li> <li>3) Support groups for those who have completed DSME</li> </ol>	<ol style="list-style-type: none"> <li>1) CES, by phone and/or in person at clinic</li> <li>2) CES, paper form, soon to be via EMR</li> <li>3) CES, at clinics</li> </ol>
Enhanced Access/Linkage to Care	<ol style="list-style-type: none"> <li>1) Help community members establish a medical home</li> <li>2) Refer and assist patients with obtaining an appointment with their primary care provider or other provider at Alivio</li> <li>3) Refer to nurse/provider as needed for follow-up or problems</li> <li>4) Linkage to community resources (e.g., legal, education, food banks, economic, childcare)</li> </ol>	<ol style="list-style-type: none"> <li>1) CES, community outreach events</li> <li>2) CES, during one-on-one contacts</li> <li>3) CES, during one-on-one contacts</li> <li>4) CES, during one-on-one contacts</li> </ol>
Improve Quality of Care	<ol style="list-style-type: none"> <li>1) Practice enhancements re: NCQA/PCMH</li> <li>2) Following evidence based guidelines for diabetes care and management</li> <li>3) Individual social and emotional support and assistance with problems</li> <li>4) Provide clinic workshops (e.g., nutrition)</li> <li>5) Referral to other Alivio services (Behavioral Health, Affordable Care Act navigators)</li> <li>6) Reach out to where patient population with type 2 diabetes mellitus</li> </ol>	<ol style="list-style-type: none"> <li>1) PCMH team, TransforMED, EMR</li> <li>2) PCPs, CES, nutritionist</li> <li>3) CES, during one-on-one contact</li> <li>4) CES</li> <li>5) CES, during one-on-one contact</li> <li>6) CES, during one-on-one contact</li> </ol>
Community Organization, Mobilization, and Advocacy	<ol style="list-style-type: none"> <li>1) Community outreach – health fairs, screenings</li> <li>2) Food care vendor trainings to offer healthier choices</li> <li>3) Involvement with development of Illinois Community Health Worker bill</li> <li>4) Raise community awareness: Newspaper articles and ads</li> </ol>	<ol style="list-style-type: none"> <li>1) CES</li> <li>2) CES, community-based workshops</li> <li>3) Harvard Center for Health Law and Policy Innovation technical assistance, Alivio Leadership</li> <li>4) Project Manager</li> </ol>
Health System and Community Transformation	<ol style="list-style-type: none"> <li>1) PCMH clinic enhancements</li> <li>2) Integration of Peer Support with Primary Care services</li> <li>3) Providing training and technical assistance to local push cart food vendors so they can offer healthier options to consumers</li> </ol>	<ol style="list-style-type: none"> <li>1) PCMH team, TransforMED, clinic staff</li> <li>2) Providers, CES, project staff</li> <li>3) CES and Consortium to Lower Obesity in Chicagoland Children</li> </ol>

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DSME = Diabetes Self-Management Education  
CES = Compañeros en Salud  
AADE = American Association of Diabetes Educators  
EMR = Electronic Medical Record  
NCQA = National Council of Quality Assurance  
PCMH = Patient-Centered Medical Home  
PCP = Primary Care Provider

### *STORY OF COMMUNITY TRANSFORMATION: Service Integration for Better Patient Support*

Peers for Progress understands that many patients need more than just standard primary care to make meaningful changes in their lives. Instead, services must be integrated to ensure better patient support. Peers for Progress uses Community Health Workers as key members of a patient's care team in a Patient-Centered Medical Home model in order to better integrate services. Community Health Workers ensure culturally appropriate emotional, social, and practical assistance and aid in assessing barriers to patients' health that primary physicians may not have the time to address.

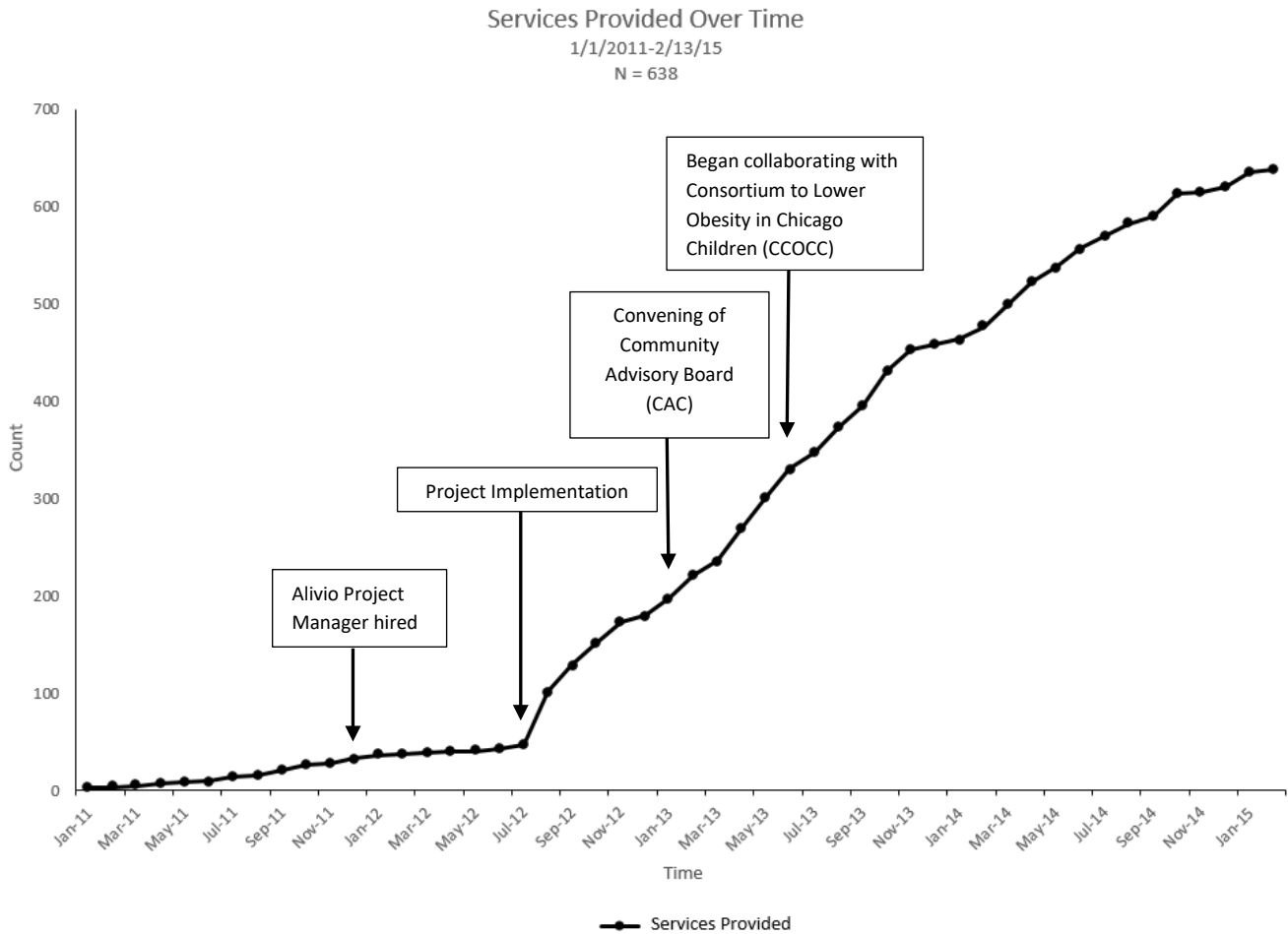
Alivio Medical Center epitomized this approach to integrating better patient support through the use of their *Compañeros en Salud* (CES). The CES assisted low-income adult patients in Chicago with their diabetes self-management, provided on-going peer support, and aided in obtaining appointments. They also conducted community outreach in the form of health fairs and screenings, and raised community awareness through newspaper articles. In addition, patients were able to contact CES at any time if they needed help. Overall, the CES was an integral part of a shared care plan that coordinated clinical teams in order to improve health outcomes.

### *EVALUATION RESULTS AND FINDINGS*

#### Data on Project Implementation

Figure 1 below displays the cumulative number of services provided by the American Academy of Family Physicians Foundation. (Note: In a cumulative chart, each new activity is added to all prior activities; so, a steeper line shows a higher rate of activity). The data show a marked increase of services provided immediately after program implementation. Other examples of community/systems changes (defined as new or modified programs, policies, or practices) include the convening of a Community Advisor Board and the beginning of collaboration with the Consortium to Lower Obesity in Chicago Children (CCOCC). Over the course of the study period from January of 2011 to February of 2015 there were a total of 638 Services Provided.

Figure 1: Services Provided Over Time



### Data on Clinical Outcomes

The intervention period was from August 1, 2012 to February 28, 2015. During this time, data were collected on clinical outcomes in order to evaluate the success of the CES program.

### **[Outcome results pending]**

### *WHAT WE ARE LEARNING*

The implementation of peer support in order to engage low-income, disadvantaged minority adults with diabetes in effective self-management provided many lessons. Key learnings from this project include:

- Peer support can be integrated into clinical care and clinical teams. This model strikes a balance between the clinical and community connections of the peer supporters.
- Peer support is an effective strategy to reach and engage a population of patients into a DSME/S program.
- There is not one best strategy but multiple good strategies for integrating the CES with the care team that made the model successful. Strategies included:

- Involve providers in planning and implementing the training of peer supporters
- Integrate peer support slowly so as not to overwhelm staff and providers or shut down the process.
- Buy-in from leadership is important to a well-integrated team
- Access to electronic medical records was key to successful integration of CES
- Establishing trust between providers and the CES is necessary to successful implementation of peer support
- Clearly defining staff roles and responsibilities is essential to efficiency
- It is necessary to have a supervisor for the CES in order to provide them support for implementing team-building activities, therapy sessions, and one-on-one meetings
- It is critical to present evaluation results back to the clinical team throughout the project period in order to show that this type of program can save money, improve health outcomes, and increase quality of care

### PROJECT PUBLICATIONS AND MATERIALS

A number of dissemination efforts were associated with this project including:

- *Diabetes self-management through peer support and community outreach from the Patient-Centered Medical Home* (February, 2012). Presentation delivered at the BMSF Summit, Atlanta, GA
- Fisher, E. & Urlaub, D. *Diabetes management through peer support and community outreach from the Patient-Centered Medical Home*. Poster presentation in China at a workshop developing peer support programs associated with the Chinese Diabetes Society
- Fisher, E. B. (February, 2013). *Diabetes management through peer support and community outreach from the Patient-Centered Medical Home*. Presentation delivered during the Panel on Patient Engagement and Practice Change at the Together on Diabetes Grantee Meeting in Atlanta, GA
- Cavazos, C. L. (July 2013). *The promotor(a) model and the Affordable Care Act: Promoting health education while reducing healthcare costs*. Presentation delivered at the 2013 NCLR Conference, New Orleans, LA
- Morgan, M., Urlaub, D., McDonough, M., Ballesteros, J., Galvan, Y., & Fisher, E. (October, 2013). *Peer support as an effective strategy for reducing health disparities among high risk populations: An analysis of research and policy successes*. Poster presentation at the American Diabetes Association's 6<sup>th</sup> Annual Disparities Forum, Arlington, VA
- Urlaub, D.M. Parada, H., Ballesteros, J., Galvan, Y., McDonough, M., & Fisher, E.B. (June, 2014). *Population focused peer support to reach those not receiving recommended diabetes services*. American Diabetes Association, 74<sup>th</sup> Scientific Sessions, San Francisco, CA
- Daaleman, T. P. & Fisher E. B. (2015). Enriching patient-centered medical homes through peer support. *Annals of Family Medicine*, 13, S73-S78. doi: 10.1370/afm.1761
- Fisher, E. B., Ayala, G. X., Ibarra, L. Cherrington, A. L., Elder, J. P., Tang, T. S., Heisler, M., Safford, M. M., & Simmons, D. (2015). Contributions of peer support to health, health care, and prevention: Papers from Peers for Progress. *Annals of Family Medicine*, 13, S2-S8. doi: 10.1370/afm.1852
- Fisher, E. B., Ballesteros, J. Bhushan, N. Coufal, M. M., Kowitt, S. D., McDonough, M., Parada, H., Robinette, J. B., Tang, P. Y., Urlaub, D., & Sokol, R. L. (2015). Key features of peer support in chronic disease prevention and management. *Health Affairs*, 34 (9), 1523-1530. doi: 10.1377/hlthaff.2015.0365

The following model was also associated with this project:

- A model for implementing *Mi Salud Es Primero* available at <http://peersforprogress.org/wp-content/uploads/2015/04/150421-mi-salud-es-primero-program-guide.pdf>

Selected Peers for Progress blogs and newsletter articles:

- [Alivio Medical Center Launches Community-based Peer Support Program for People Living with Diabetes \(9/27/12\)](#)
- [Collaborative Learning at the 2013 Together on Diabetes Grantee Summit \(4/4/13\)](#)
- [Growing to Love Program Monitoring \(7/31/13\)](#)
- [First Meeting of the National Peer Support Collaborative Learning Network \(11/21/13\)](#)
- [Peer supporters and diabetes educators discuss roles, practice challenges, and quality improvement at the AADE Conference \(10/22/14\)](#)

### *MOVING FORWARD AND SUSTAINABILITY*

Although the program was successful in many areas, unfortunately it was not able to be sustained beyond the study period. However, two of the nine CES were able to get jobs as care coordinators at Alivio.

### *PROJECT CONTACT INFORMATION*

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### *EVALUATION CONTACT INFORMATION*

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