

PEER HEALTH NAVIGATION:

Integrated systems of care

PRESENTED BY

Amanda Giacomazzo, Moderator

Glen Bradford

Mary Petty

Hesham Ali

Wendy Stevens

Laura Zerr

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Webinar Agenda (1.5 hours)

- Welcome and Introduction
Amanda Giacomazzo and Glen Bradford, 10 minutes
- Integrating peer health navigators into the hospital based setting
Mary Petty and Hesham Ali, 25 minutes
- Integrating peer health navigators into the community based setting
Wendy Stevens and Laura Zerr, 25 minutes
- Questions
All, 30 minutes



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The Basics

Prevention

Treatment

Healthy Living

Strengthening
Programming

What's New?

About CATIE

Website Tour

Practice Guidelines in Peer Health Navigation for People Living with HIV

Print-friendly PDF

CATIE and a national working group have developed national evidence-based guidelines on peer health navigation in HIV. The guidelines provide agencies with research- and practice-based information and recommendations to develop, implement and strengthen peer health navigation programs. Peer health navigation programs have been shown to [improve health and wellbeing outcomes](#) for people living with HIV.

[Practice guidelines](#)

[General programming resources and tools](#)

[Programming resources and tools by chapter](#)

Practice guidelines

[Practice guidelines in peer health navigation for people living with HIV \(complete guidelines PDF\)](#)

[Summary of recommendations \(PDF\)](#)

NEWS

[Juluca approved in Canada for HIV treatment](#)

[Agencies issue caution about use of dolutegravir by pregnant HIV-positive women](#)

[Study uncovers high rates of loneliness among older HIV-positive people](#)

[HepCInfo Update 9.10: Fatigue improves after cure; POC testing acceptable to people who inject drugs; increased adherence when HCV treatment combined with OST](#)

» MORE

CATIE ANNOUNCES

[Call for Nominations to the Board of Directors](#)

CATIE webinar: [Peer Health Navigation: GIPA, MEPA and Your Organization](#)

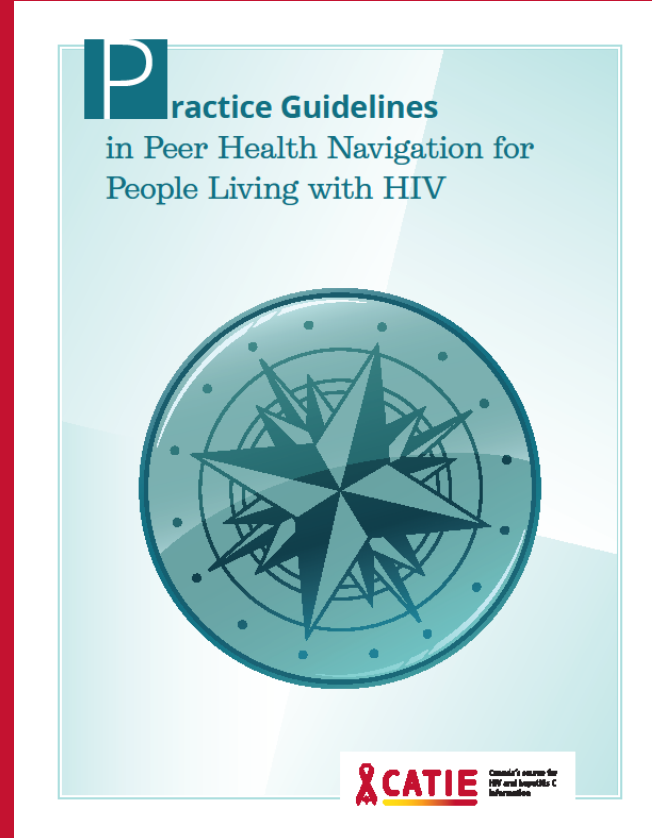
Monday 4 June, Noon EDT

Latest Blog Posts

[La grave réalité des personnes trans en santé et l'importance de l'alliance thérapeutique](#)

[HIV and life insurance: A welcome change but questions remain](#)

- CATIE convened a 13-member expert working group
- Guidelines are both practice and evidence-based
- Guidelines contain 11 chapters



- Chapter 10 of the guidelines is related to integrating peer health navigators into healthcare settings (e.g., orientation, developing MOUs)

Chapter 10: Integrating peer health navigators into healthcare settings

Print 

In this chapter, we explore issues related to integrating peer health navigators onto teams in healthcare settings such as hospitals and clinics.

[Chapter 10: Integrating peer health navigators into healthcare settings \(PDF\)](#) 

[Back to guidelines table of contents](#)

Programming resources and tools

The following resources can be used to support the integration of peer health navigators onto teams in healthcare settings such as hospitals and clinics. Where a resource addresses a specific recommendation from the chapter, the recommendation number is provided.

General

[Peer framework for health-focused peer positions in the Downtown Eastside](#) 

Glen Bradford

Glen is the Director of Programs and Services at Positive Living BC in Vancouver. He has been living with HIV for 24 years and has been the past Chair of the Board for two HIV organizations in Vancouver.

Enhanced linkages across the HIV system improves the client journey.

Glen Bradford

Director, Programs and Services

Positive Living BC

glenb@positivelivingbc.org

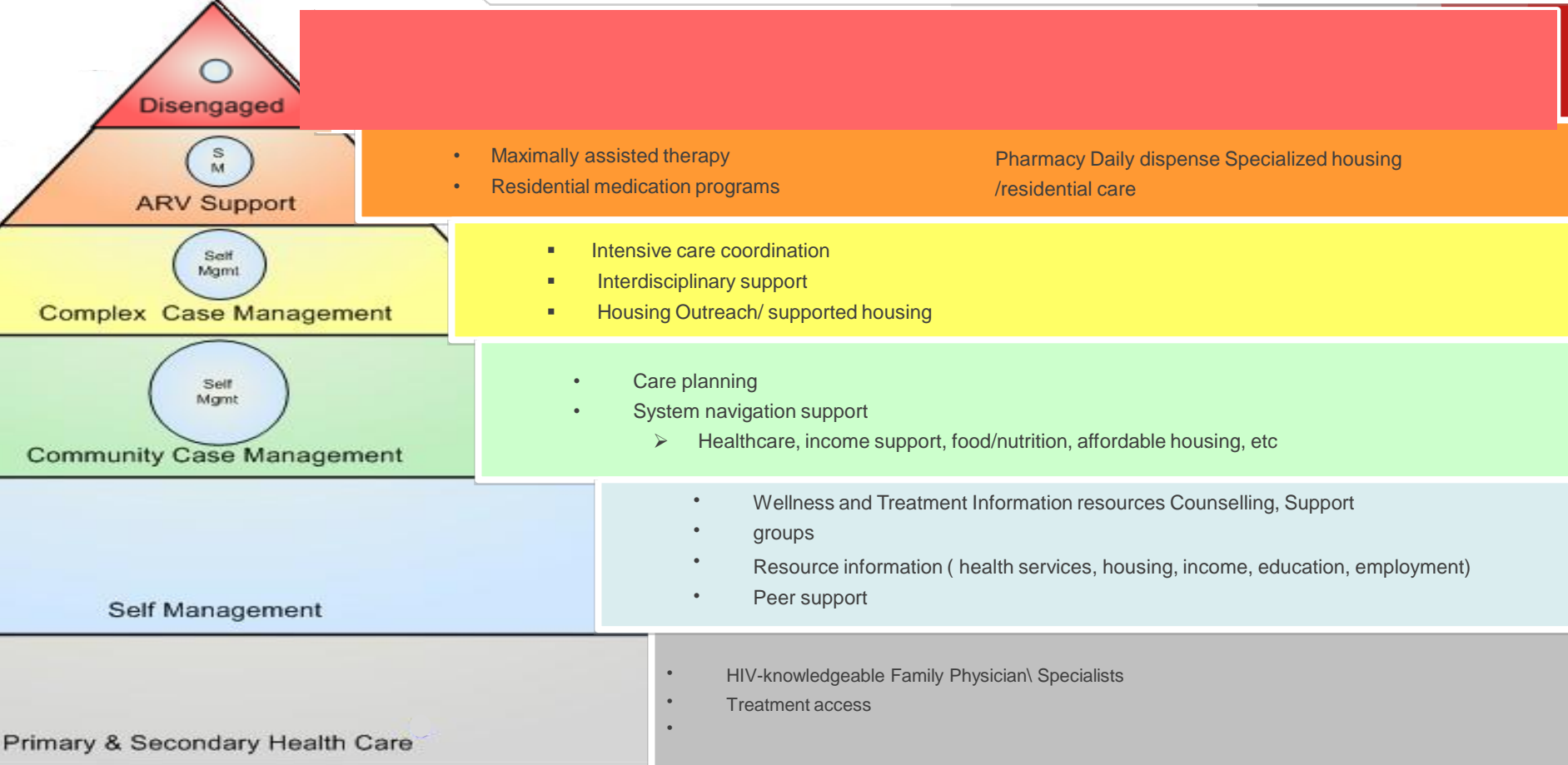
Goals of Interconnected Systems of Care

- ▶ Vancouver Coastal Health, CDC, Clinics/Physicians, Outreach Teams and community agencies work together to develop a strong and reliable system for follow-up and engagement in care,
 - ▶ reducing the number of people lost to care after their diagnosis,
 - ▶ reducing the time between POC and care, treatment and support and
 - ▶ increasing the number of people, new or reengaged, in care.

Practice Guidelines in Peer Navigation for People living with HIV – Chapter 10

- ▶ **RECOMMENDATION 1:** Negotiate the integration of peer health navigators into teams in healthcare settings and related environments as equal and engaged members of the healthcare team.
- ▶ **RECOMMENDATION 2:** Create new or adapt existing memoranda of understanding with healthcare teams to establish an official relationship between the peer health navigation program and the healthcare setting, if the program is not part of a healthcare organization.
- ▶ **RECOMMENDATION 3:** Orient social workers, nurses, pharmacists, doctors and other staff on the healthcare team who will work with peer health navigators.
- ▶ **RECOMMENDATION 4:** Establish open communication channels between peer health navigators and other healthcare team members. Communication channels may develop over time or may need to be established using mechanisms such as guidelines for respectful communication or regular all-team meetings.

Model for HIV Care and Treatment



Disengaged

S
M

ARV Support

Self
Mgmt

Complex Case Management

Self
Mgmt

Community Case Management

Self Management

Primary & Secondary Health Care

- Maximally assisted therapy
 - Residential medication programs
- Pharmacy Daily dispense Specialized housing /residential care

- Intensive care coordination
- Interdisciplinary support
- Housing Outreach/ supported housing

- Care planning
- System navigation support
 - Healthcare, income support, food/nutrition, affordable housing, etc

- Wellness and Treatment Information resources
- Counselling, Support groups
- Resource information (health services, housing, income, education, employment)
- Peer support

- HIV-knowledgeable Family Physician\ Specialists
- Treatment access

Activities include:

- ▶ Enhancement of linkage mechanisms from [HIV testing sites](#);
- ▶ Enhanced [public health](#) follow-up services;
- ▶ the creation of new navigation and linkage services, such as the [Peer Navigation Services Program](#) and the [STOP Outreach Team](#), which specialize in engagement, system navigating, linkage and retention in care; and
- ▶ the enhancement of existing services that aim to support some of the most vulnerable people living with HIV in Vancouver, such as the [Towards Aboriginal Health and Healing Program](#), the [Maximally Assisted Therapy Program](#) and supportive housing services.

Approaches used from a staff leader perspective.

During the time when the partnerships were being established...

- ▶ As a staff leader take advantage of current or past relationships to start the conversation.
- ▶ Establish ally/cheerleader on the inside of clinics or agencies to promote your program.
- ▶ Have that cheerleader share a client or two with a peer to model interconnected systems of care.
- ▶ Present PowerPoint presentation about the program and the agency it is housed in to front line teams everywhere. Added value of cross promoting other programs within my agency.
- ▶ Create separate promotional materials. One resource speaks to the benefits for a client and the other benefits for the clinic , physician, nurse or Social Worker.

More on establishing partnerships: Approaches used from a staff leader perspective.

- ▶ Recruit first clients to up-sell their experience with a Peer Navigator to their physician or public health nurse.
- ▶ Develop relationships with front desk receptionists at clinics, Social Workers, nurses or SRO Hotel Managers.
- ▶ Write articles from both the Peer and client perspective on the interconnected system of care experience.
- ▶ Some Peers will have relationships they created from their own lived experiences which can be explored.
- ▶ Encourage individuals to share their concerns about referring clients to the program. You need to know what these barriers are in order to overcome them. People may not tell you, but they will tell your ally in an agency or clinic who should work with you to address these concerns.
- ▶ Get an independent evaluation of the program that includes feedback from clients, Peers, health care providers and HIV+ people who did not get the benefit of a Peer when they were struggling with HIV.

Mary Petty

As a social worker, Mary has held a number of professional and academic positions in the United States and Canada and has served as faculty lead for the HIV Interprofessional Course at UBC.

Mary has retired from her position as the Research, Education and Practice Coordinator in Urban Health – HIV at Providence Health Care, Vancouver. She currently has a counseling and consultation practice and volunteers for Health Initiative for Men (HIM), Positive Living BC Prison Outreach Program and Rainbow Refugee.

Hesham Ali

Hesham has been a peer navigator at JRC, St Paul's Hospital since 2012. He has an interest in research and was a peer researcher on the BC stigma index, the national food security study, the Brain Health Now Study and has been a knowledge translator on cure research.

Hesham speaks five languages and specializes in helping patients with immigration issues, government related applications, and assisting new immigrants navigate the health care system.

Completing the Puzzle



Connecting with community

- ❖ An integrated health care system should ensure that patients see clinic working with community.
- ❖ Often community support is crucial to treatment success. Less likelihood of being lost to care.
- ❖ Adding another perspective to help clinic understand the patient's psychosocial needs

Role in the clinic

- Support newly diagnosed patients to connect and navigate the health care system.
- Provide easy to understand educational materials regarding health condition, treatment, disclosure issues, etc.
- Connect patients with different community organizations and services.
- Assist in-patients with treatment & follow up planning to ensure successful outcomes
- Provide emotional support and a different communication methods for patients

Peers in acute care...

- ▶ Help HIV+ people alleviate fears and see a healthy HIV identity beyond their acute stage.
- ▶ Are a beneficial part of their recovery and education.
- ▶ Build a trusting entry point and easier access to ongoing clinical care and community programs.
- ▶ Assist patients with discharge planning/ensuring a successful discharge contributes to the continuity of care

Imbalances

Health

- ▶ Educational expertise
- ▶ Hierarchical
- ▶ Higher pay scale
- ▶ Highest level of legitimacy



Community

- ▶ Experiential expertise
- ▶ Initially knowledge is undervalued by health care staff
- ▶ Client driven
- ▶ Lower pay scale
- ▶ Trust



Personal experience

What am I doing here?



Everything will
work out in the end. You
don't need to know how.
You just have to trust
that it will.



The early days

- ✓ **Getting to know our roles, getting other health care providers to know us.**
- ✓ **Overcoming skepticism, and being part of the team.**
- ✓ **Discovering the values of peers communication and connections**
- ✓ **Assisting with other areas that impact the delivery of care i.e. insurance, immigration status, disability applications, etc.**

As time goes by ...

- **Being part of the care team.**
- **Establishing trust and value**
- **Engaging in clinic's activities, and programs.**
- **The accreditation process.**
- **Hard to reach patients and information sharing**
- **Providing unique services and cultural perspectives**

Case study

- ▶ **Mid twenties patient was admitted to the hospital with advanced HIV related illness**
- ▶ **Patient was not insured as he was in the country illegally for 5 years**
- ▶ **Social work and peers connected with the patient who was reluctant to accept help and also didn't trust the system.**
- ▶ **Social work handled the financial side (hospital's bill was \$16,000) while the peer worked on establishing trust and slowly connect patient with care.**
- ▶ **The peer had immigration experience so also worked on legalizing the patient's immigration status. There were some concerns regarding being outside the peer's scope of practice. However, the peer pointed out that without that help the patient wouldn't get health care coverage and therefore it was a necessary step to maintain the patient in care**
- ▶ **Social work and the peer worked on getting the patient stabilized: immigration status was legalized, social assistance was granted, patient on ARVs and engaged in care.**
- ▶ **Today the patient is healthy, working full time, has a partner and in connected to care.**
- ▶ **Without social work and peer navigation establishing trust, working to fix social determinates of health for the patient, none of this would have been possible**

Case study II

- ▶ Sara is a First Nations 26 year old woman who recently arrived in Vancouver from Prince George.
- ▶ **Background:**
 - ▶ came to live with her partner who had moved to Vancouver recently
 - ▶ resides with partner in an SRO downtown
 - ▶ tested positive for HIV and Hep C a year and a half ago in Prince George but has not been in care
- ▶ **Recent:**
 - ▶ not feeling well and had heard about the clinic at St. Paul's
 - ▶ decided to walk in and try to see a provider
- ▶ **At the clinic (JRC):**
 - ▶ introduced to peer navigator after she presented at reception
 - ▶ peer navigator welcomed her to clinic and gave her a brief orientation (how clinic works, what she can expect)
 - ▶ she told peer navigator background of testing, etc., current living situation and that she is worried and feeling unwell
 - ▶ peer navigator asked nurse to assess her for intake and assess whether same day MD assessment was required
 - ▶ peer navigator invited social worker and dietician to meet her (informally) as part of explaining clinic services
- ▶ **Outcome of first visit:**
 - ▶ Sara was comfortable waiting with peer navigator for nurse assessment
 - ▶ was seen and assessed and set up with MD appointment for next day

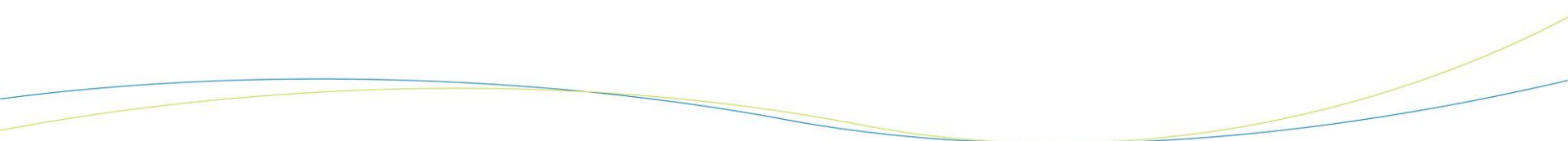
Wendy Stevens

Wendy has been working as a full-time Peer Navigator at Positive Living BC since 2012. Wendy has been HIV+ for 12 years. She's also a recovering addict and former sex trade worker from Vancouver's Downtown Eastside.

Laura Zerr

Laura is a public health nurse at VCH Communicable Disease Control and has worked in HIV care since 2008. Laura has previously done post-exposure prophylaxis with forensic services and outreach nursing in the Downtown Eastside of Vancouver with the STOP Pilot.

Laura is now responsible for care coordination, delegate HIV diagnosis, and ensuring all new HIV positive individuals have access to primary care and supports.



Integrated Models of Care in HIV Follow up

Wendy Stevens & Laura Zerr

How did we get here?

Shifted focus from prescriptive to client experience



BRITISH COLUMBIA
CENTRE *for* EXCELLENCE
in HIV/AIDS

Together, we can stop HIV/AIDS

The first day

Client's felt alone and isolated in the immediate time after their HIV diagnosis.



Peers offer:

- Hope and understanding
- Comradery & Mentorship
- Lived experience in all aspects of life
- Meeting the client where they're at (education)
- Challenge old assumptions (gently)

Effective Integration of Peers

- **Referral Process:** Consider consent and ability to follow up
- **Timing:** The sooner a peer is introduced the better, they build rapport at time of diagnosis, clinic intake, life transitions
- **Perspective:** Understand peers do not have a medical agenda, the client guides the process
- **Information Sharing:** Understand the role of the peer on the care team

Case Scenarios

*‘Sarah’ 45-yr-old female lives in DTES of Vancouver
childhood trauma & current polysubstance use
mild cognitive impairment*

Peer involvement:

- She opened the door to someone outside ‘the system’
- Socialized client outside her common-law relationship
- Helped with goal orientation and motivation
- Provided local resources
- Bridged in care providers

Case scenarios

We offer peer support to all individuals:

- *Newly diagnosed with HIV*
- *Rural setting*
- *Cultural sensitivity*

Partner follow up

- *Can collect partner information for public health follow up*

Questions...



Audience questions?

Please type your question or comment into the chat box.

Thank You

Please complete the webinar evaluation that will be provided following this webinar.

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