

Development and Evaluation of PARTNER-MH, a peer-led patient navigation intervention for minoritized Veterans in VHA outpatient mental health clinics

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Disclosures

- ❑ No Conflict of Interest
- ❑ The views and opinions presented in this presentation are of the presenter alone, and do not necessarily represent the views of the U.S. Government, VA, or VA HSR&D.

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Research Team

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- James Slaven
- Emily Austin
- Denise Zhou
- Kiara Walker
- Maria Borden

Interventionists

- James Miller
- John Akins

Clinical Partners


- Scott Patterson
- Eric Boss
- Shannon Woller



Agenda



Development
of PARTNER-
MH



Pre-
Implementation
of PARTNER-MH



Evaluation of
PARTNER-MH



Discussion
of Next
Steps



Q & A

Rationale for PARTNER-MH

Racial and ethnic minoritized Veterans...

- Less likely to receive mental health or substance use treatment compared to Whites (Remmert et al., Lagisetty et al., 2019)
- More likely to receive poor quality care, to experience poor relationship with their providers, and to terminate treatment prematurely compared to Whites (Rosen et al., 2019; Spont et al., 2017)
- They experience poorer treatment outcomes. (Gross et al., 2021; Spont et al. 2020)



Rationale for PARTNER-MH (continued)

- Efforts to increase mental health equity have been limited.
- Interventions customized a priori to address origins of disparities among target populations are needed (Chin et al., 2007; Kilbourne et al., 2006)
- PARTNER-MH focuses on minoritized Veterans because they have disproportionate, unmet mental health needs.



Targets for Intervention



- ❑ Mental healthcare disparities are complex.
- ❑ Minoritized Veterans experience more **barriers** to quality mental healthcare, which leads to disparities in care and health outcomes.
- ❑ Unproductive **patient-provider communication** and **low patient engagement** are key drivers of disparities in mental health and substance use disorder treatment for members of minoritized groups.

Eliacin, J., Matthias, M. S., Cunningham, B., & Burgess, D. J. (2020). Veterans' perceptions of racial bias in VA mental healthcare and their impacts on patient engagement and patient-provider communication. *Patient education and counseling*, 103(9), 1798–1804. PMID: 32204959.

Eliacin, J., Coffing, J. M., Matthias, M. S., Burgess, D. J., Bair, M. J., & Rollins, A. L. (2018). The Relationship Between Race, Patient Activation, and Working Alliance: Implications for Patient Engagement in Mental Health Care. *Administration and policy in mental health*, 45(1), 186–192. PMID: 27904992.

Eliacin, J., Rollins, A. L., Burgess, D. J., Salyers, M. P., & Matthias, M. S. (2016). Engaging African-American Veterans in Mental Health Care: Patients' Perspectives. *The Journal of nervous and mental disease*, 204(4), 254–260. PMID: 26894316.

PARTNER-MH: Pro-Active, Recovery-oriented Treatment Navigation to Engage Racially Diverse Veterans in Mental Healthcare



Engage Veterans in VHA mental health services.



Support Veterans to become more **active partners** in their care.



Facilitate Veterans' participation in **treatment decision-making** with their mental health care providers.

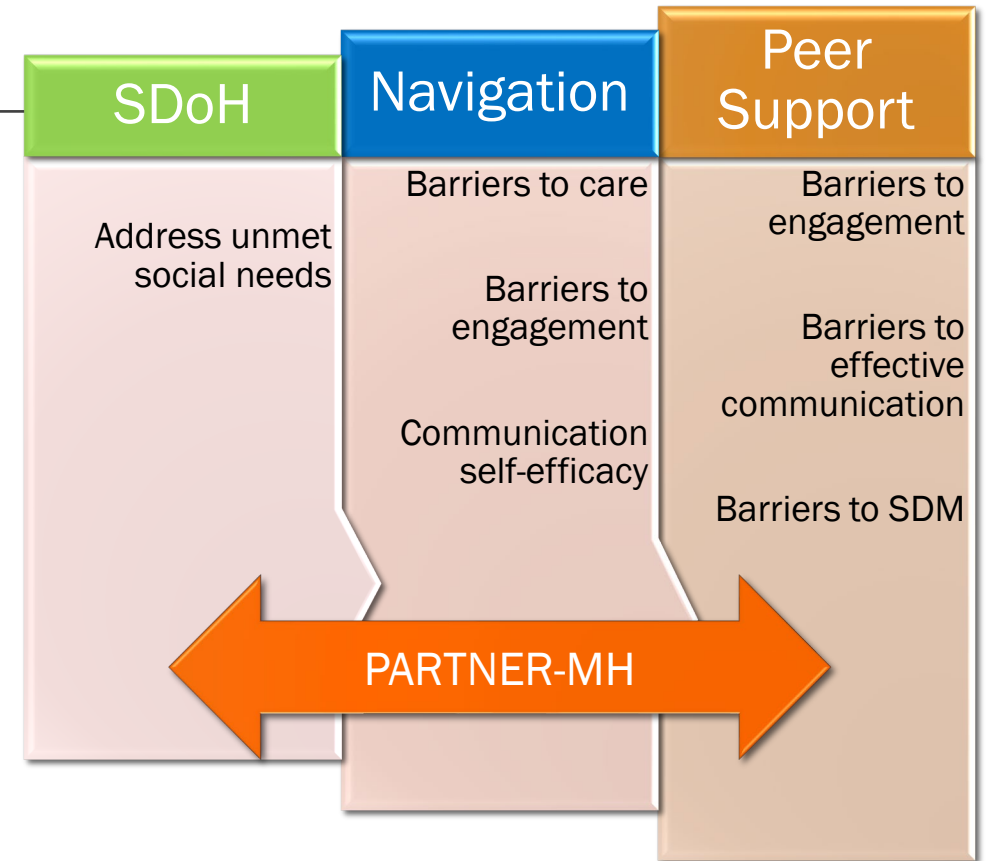
PARTNER-MH's Framework

Our approach: Two evidence-based care models and the social determinants of health framework.

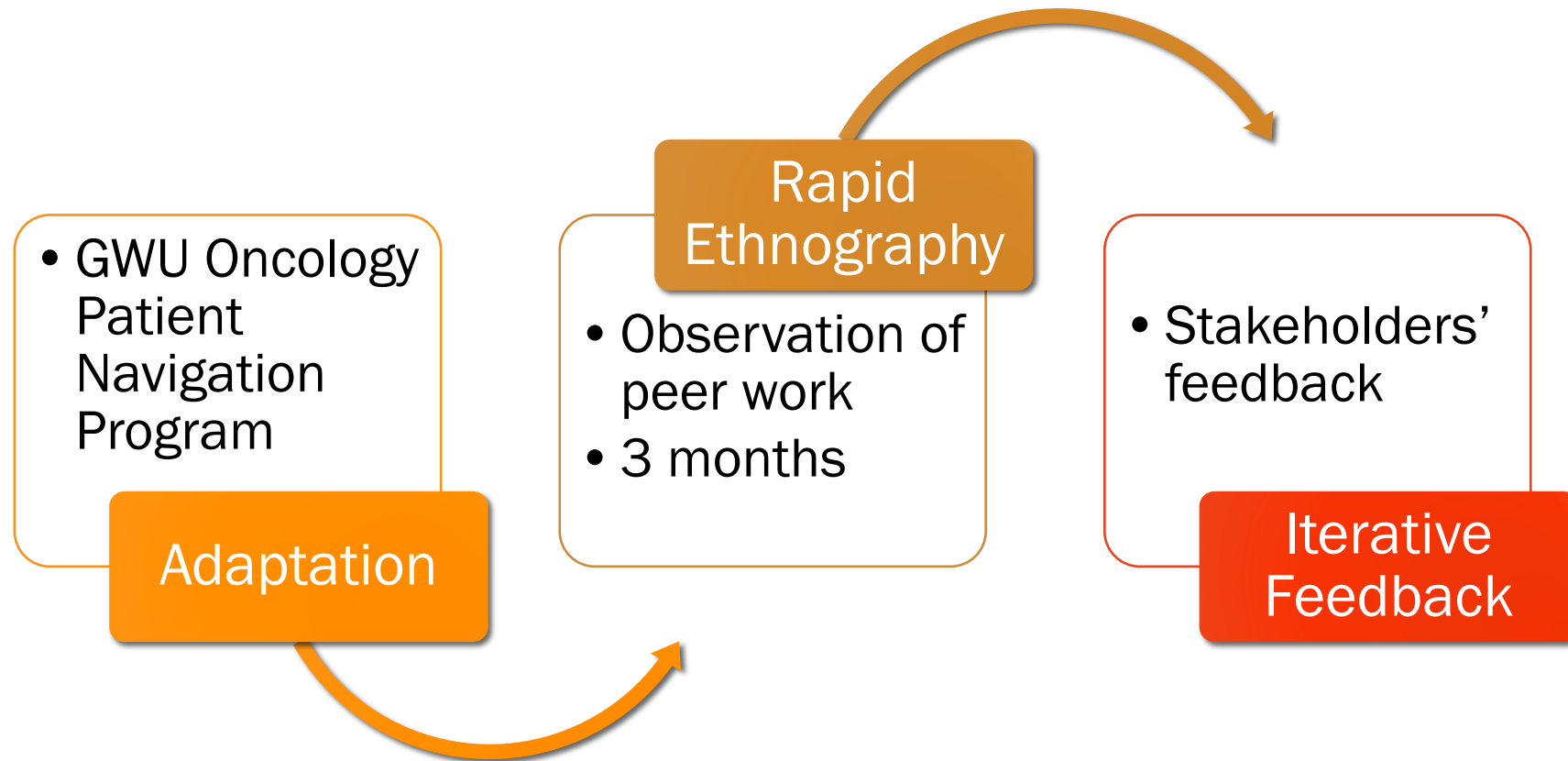
Social determinants of health framework – understand social contexts and lived experiences of Veterans; assess and address unmet social needs.

Patient navigation - care delivery model designed to promote access to timely health services by eliminating barriers to care.

Peer support services – care delivery model that focuses on engaging Veterans in mental health and substance use treatment.



Development of PARTNER-MH



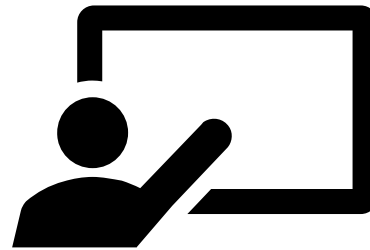
PARTNER- MH Products

Veteran's Handbook

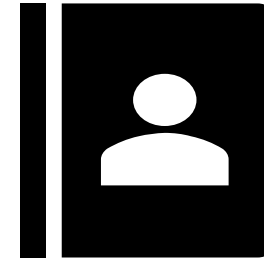
Peer training manual

Peer workbook

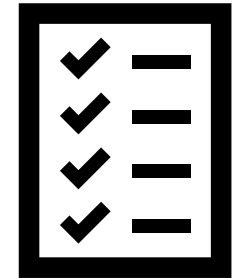
Fidelity Assessment



Training Manual
& Workbook



Veteran Handbook



Fidelity Assessment

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PARTNER-MH Training Manual Contents

Welcome

Module 1: Overview of Patient Navigation and PARTNER-MH

Module 2: Social Determinants of Health and Health Equity

Module 3: Diversity Around Us (spotlights on African-American, Latino, and LGBTQ populations)

Module 4: Patient Engagement

Module 5: Communicating with Veterans

Module 6: Navigating Veterans in VA Mental Health Services

Module 7: Enhancing Practice (e.g., Professional development, PARTNER-MH promotion, Managing workplace conflicts)

Module 8: Research



Lesson 1: Overview of Patient Engagement

Lesson 1 Objectives

1. Describe patient engagement and its benefits
2. Identify patient engagement behaviors



Peer workbook



STEP 1: OVERVIEW

Watch a short video on “A Day in
the Life of a Patient Navigator”

<https://www.youtube.com/watch?v=yHBWV6GfOo>



REFLECTION WRITING EXERCISE

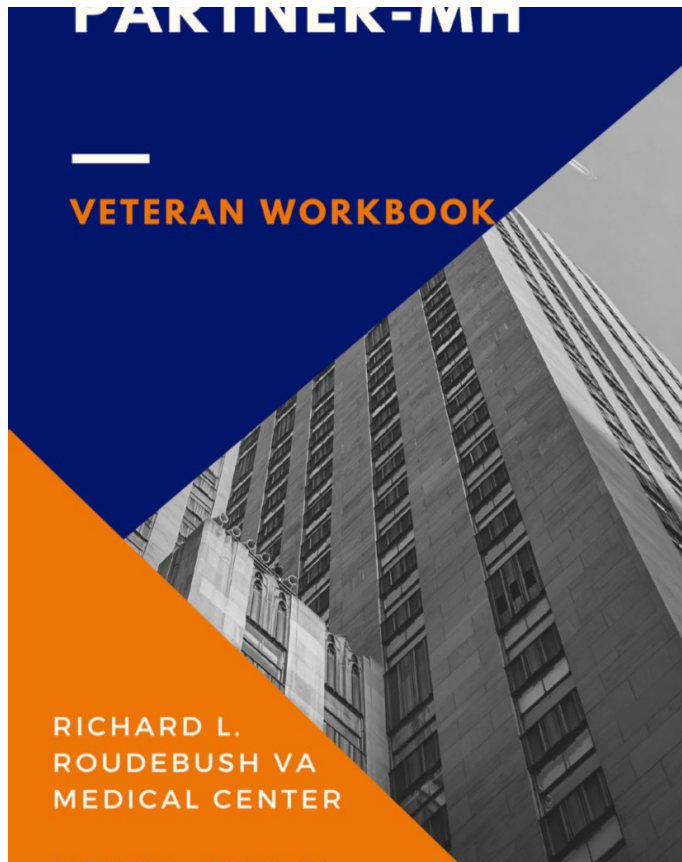
REFLECT AND DISCUSS:

Patient navigation was developed to remove barriers to healthcare. Have you ever experienced challenges to accessing quality, timely health care? If so, what was that like for you?

Handwriting practice lines for the reflection exercise.

PARTNER-MH Veteran's Handbook

The PARTNER-MH client workbook is a resource and a guide for the Veteran-peer work.



MODULES

Getting to Know You –
Your Story

VA Mental Health
Services

Patient Engagement

Planning Your Mental
Health Visits

Shared Decision-
Making

Intervention Structure

- Additive/Complementary to MH services
- Manualized Intervention
- 6-months
- Individualized session with assigned peer
- Flexible schedule
- Social needs assessment
- Peer-led navigation in VA MH services and community resources
- Ongoing peer support

Pre-Implementation Evaluation

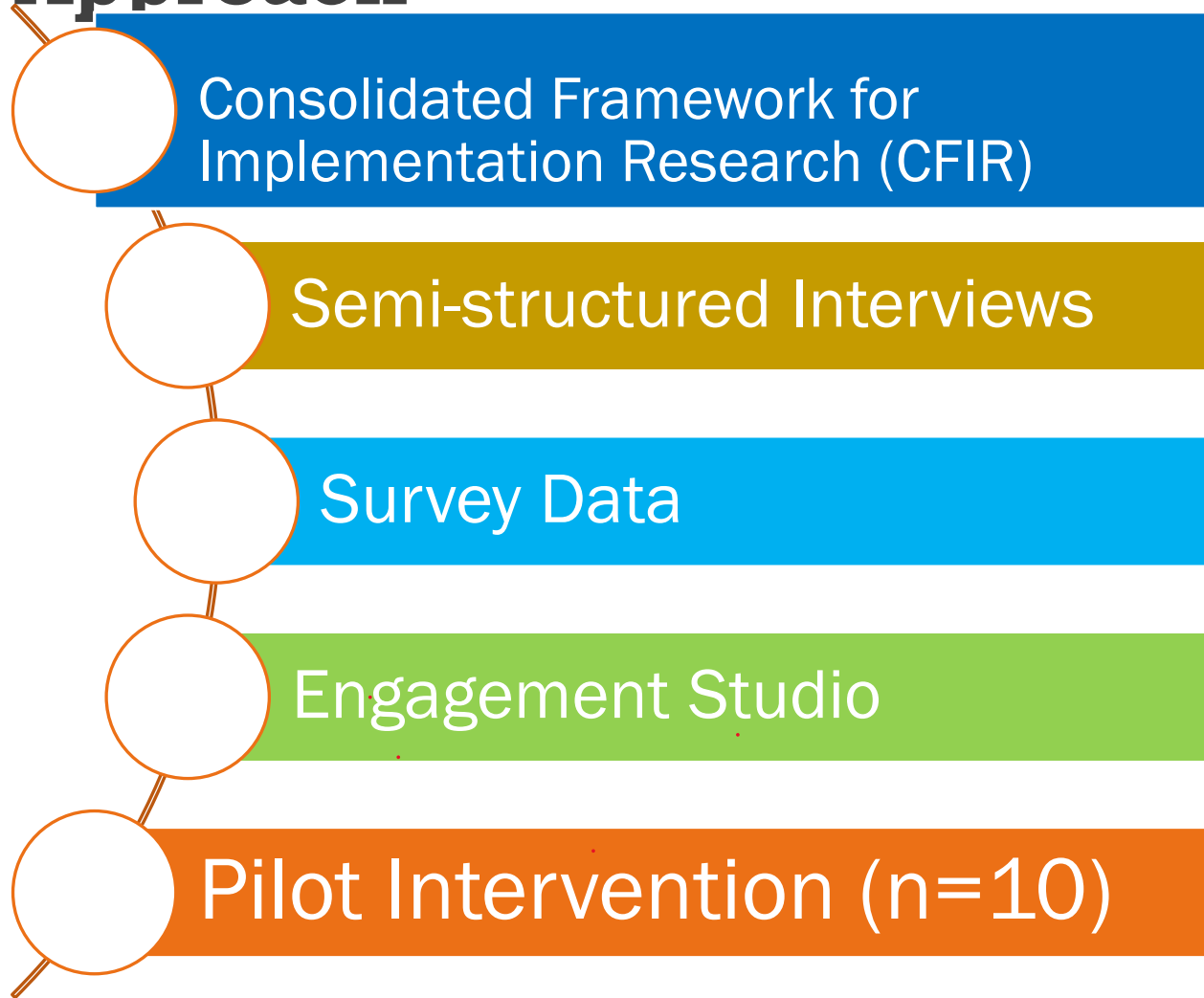
- Acceptability
- Feasibility
- Implementation barriers and facilitators



Feasibility



Pre-Implementation Evaluation: Mixed Methods Approach



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Eliacin J et al. A. Pre-implementation Evaluation of PARTNER-MH: A Mental Healthcare Disparity Intervention for Minority Veterans in the VHA. *Adm Policy Ment Health*. 2021 Jan;48(1):46-60. doi: 10.1007/s10488-020-01048-9. PMID: 32399857.

Pre-Implementation Evaluation

11 Sites from VISN-10

Total N= 41

23 VA peer support specialists

10 Peer supervisors

7 Veterans

1 Provider



Participants were overwhelmingly enthusiastic about PARTNER-MH and deemed it acceptable.

Top intervention characteristics

- Navigation services
- Peer-led
- Shared decision-making/
communication

My process [engaging in treatment] has been over two years now. I probably could have achieved the same thing within three months if I had a navigator. I honestly feel like that it just took me that long because I was doing it on my own. – ***Veteran***

Areas of Concerns identified during pre-implementation evaluation

Least helpful/valuable intervention characteristics

- Focus on minoritized Veterans
- Social determinants of health approach
- Supervision

I understand that there are fewer minority Veterans being treated, and minorities may struggle more to get through the process, but I'm not in agreement with just focusing on minorities.... **Even though you're a minority, once you're a veteran, you're part of a larger group...** Just because I'm Caucasian or anything, my need is still high, and at the point that I identify as a Veteran, it doesn't matter. - **Peer**

Potential Implementation Barriers

Implementation Barriers

- Peers' selection, training, role, and workflow
- Supervisors' investment/time demands and training
- Leadership buy-in
- Culture and implementation climate

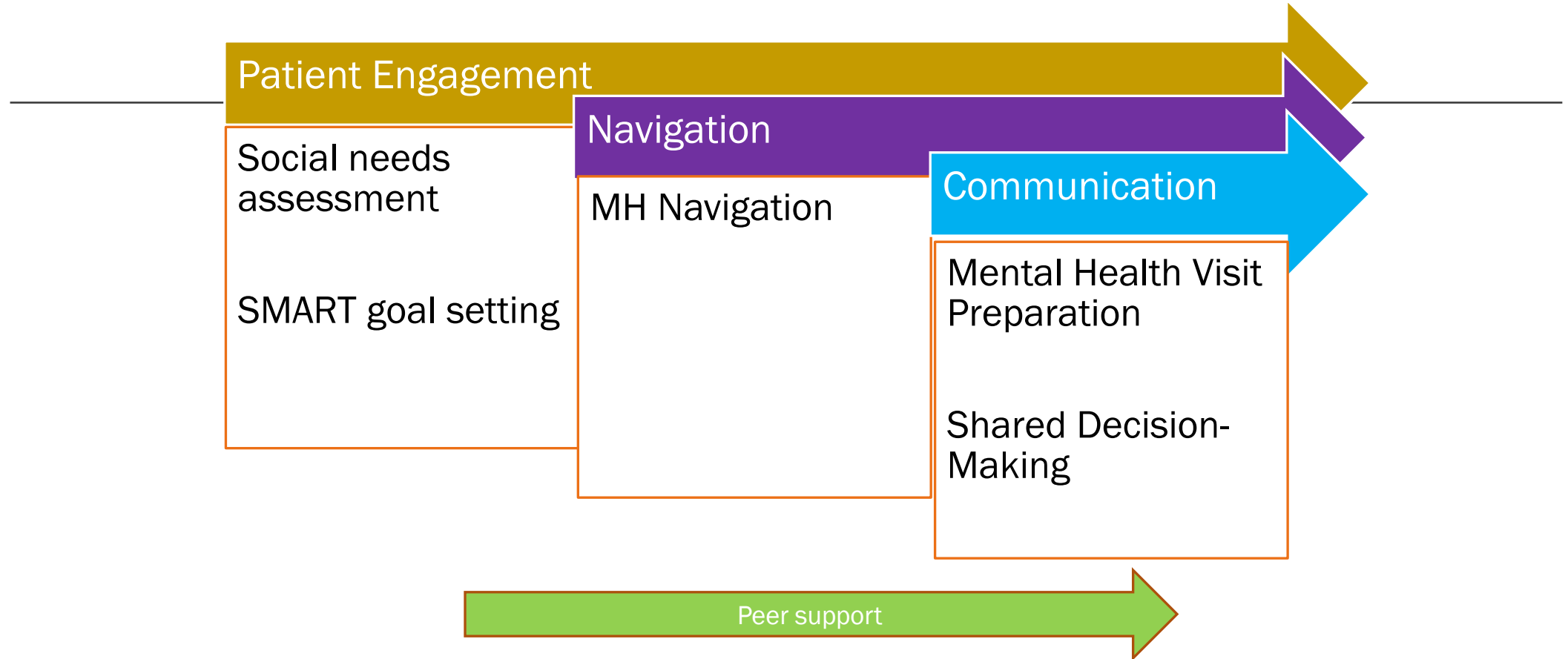
“...It was quite the fight when we first started. Now, fortunately I have a good set of peers... But that took a long time to get there, and it took some very good peer support specialists that changed some people's minds, and quite honestly too for some people to retire. – *Supervisor*

The more difficult part is not going to be on training the peer. It is going to be more so on creating the environment or finding an environment that's already conducive to this [PARTNER-MH]. - *Peer*

Community Engagement Studio

- ❑ Used iterative process and feedback from Veteran and other stakeholders to improve the intervention.
- ❑ Buy-in from key leaders
- ❑ Hired 2 full-time peers, promote peer role
- ❑ 20% dedicated FTE for 2 peers who are embedded in the clinic
- ❑ Improved training and fidelity assessments

PARTNER-MH Core Components



Evaluation of PARTNER-MH

Specific Aims:

1. To determine feasibility and acceptability of PARTNER-MH.
2. To evaluate preliminary effects of PARTNER-MH on patient engagement, patient activation, SDM, and related health outcomes.

Population:

- 50 racial and ethnic minoritized Veterans
- Initiated treatment in the mental health clinic within 6 months of enrollment

Methods:

1. RCT with waitlist control (N=50, 30/20)

Study Duration and structure:

6-months endpoint (baseline, 3, 6, 9-months assessments)
Peers and Veterans have 6 months to cover intervention materials. **In-person -**
> Telehealth

Eliacin et al., 2021.
PARTNER-MH, a Peer-Led
Patient Navigation
Intervention for Racial and
Ethnic Minority Veterans in
Veterans Health
Administration (VHA) Mental
Health Services: A Mixed-
Methods Randomized
Controlled Feasibility Trial
Study Protocol.
DOI:[10.21203/rs.3.rs-
1157357/v1](https://doi.org/10.21203/rs.3.rs-1157357/v1)

Evaluation of PARTNER-MH



Mr. James Miller, BA, MSW
Air Force Veteran
Peer Specialist/Interventionist



Mr. John Akins, BS
Navy Veteran
Specialist/Interventionist



Scott Patterson, Ph.D., HSPP
Peer Program Coordinator/
Peer Supervisor

Feasibility

- ❑ Recruitment goal was 50 study participants.
- ❑ We successfully recruited, enrolled, and randomized 50 participants from August 17th, 2020 to April 1st, 2021, and completed final follow-up outcome assessment in May 2022.
- ❑ Recruitment rate was 68%; Enrollment rate was 91%.
- ❑ Number of sessions completed ranged from 0 to 17. 38% completed 3 sessions or fewer; 41% completed 4-9 sessions, and 21% completed 10 or more sessions.

Feasibility

Overall retention rate was 72%; Retention in the active arm was 60%.

- 4 participants withdrew and 10 were lost to follow-up. Lost 1 participant to follow-up after baseline.
- **Retention challenges**
 - Complex patient population with high needs
 - Covid-19 challenges
 - Telehealth modality
 - Peers' schedule constraints

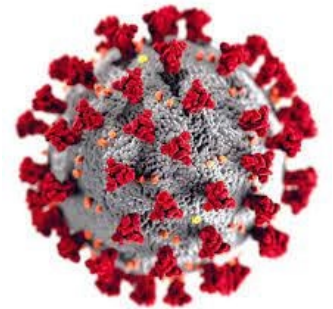
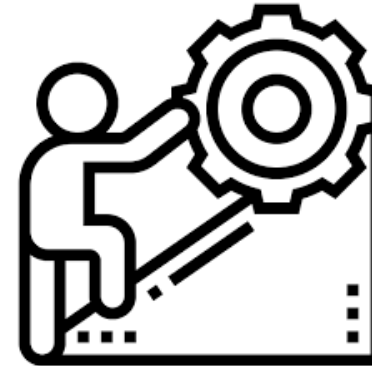
Note: Not one size fits all. Varied length of time to cover intervention materials and to engage participants.

- Peers remained highly engaged despite many setback and personal challenges.

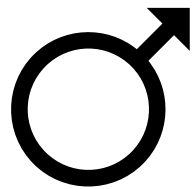
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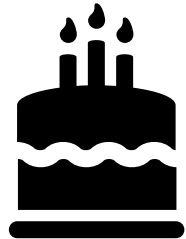
Summary of study participants' characteristics at baseline (N=50)



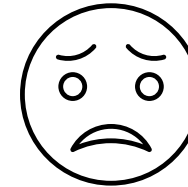
62% Male*



70% Black/ 88% non-Hispanic



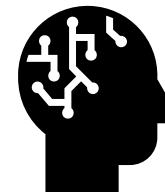
~25%/ Age group (25-75)



70% Mood disorders
45% PTSD
30% SUD



48% Some college
32% ≤ 4 years



34% Suicide ideation

Acceptability

89% satisfaction rate with PARTNER-MH

- 82% agreed that *“my peer helped me make progress on my mental health treatment and goals”*
- 89% reported that *“the peer support calls helped me feel more confident about managing my mental health treatment and reaching my goals.”*
- 89% agreed with the statement *“I would be more satisfied with my healthcare if a peer support service like this was available to patients.”*

Acceptability

Around the time I started going, navigating through the mental health system at the VA, I was so angry. It was at the point where I wanted to hurt other people. **So, in the last almost year, I've learned so much, I feel so much better. And I give a lot of that credit to John [peer] because he was that lifeline I needed in that moment.** (2101, Black female, 55-64 age group)

I think more veterans need to do the [PARTNER-MH] program because I think it would help them. It would help them get the help, give them a better perspective on their mental health. And it may help them get over hurdles that they can't. If they're having trouble with communicating. If they don't know the right wording or don't how to go about doing it (get help). **James (peer) helped me open my eyes to a different way to do things.** (1120, Black male, 45-54)

Satisfaction with MH services

Active PARTNER-MH Group
(n=18)

Waitlist Control Group
(n=18)

Satisfied with
care I received
from the MHC



3.7 → 4.1



3.8 → 3.5

P=.0024*

Would
recommend
MH clinic



3.8 → 4.1



3.9 → 3.9

P=.4723

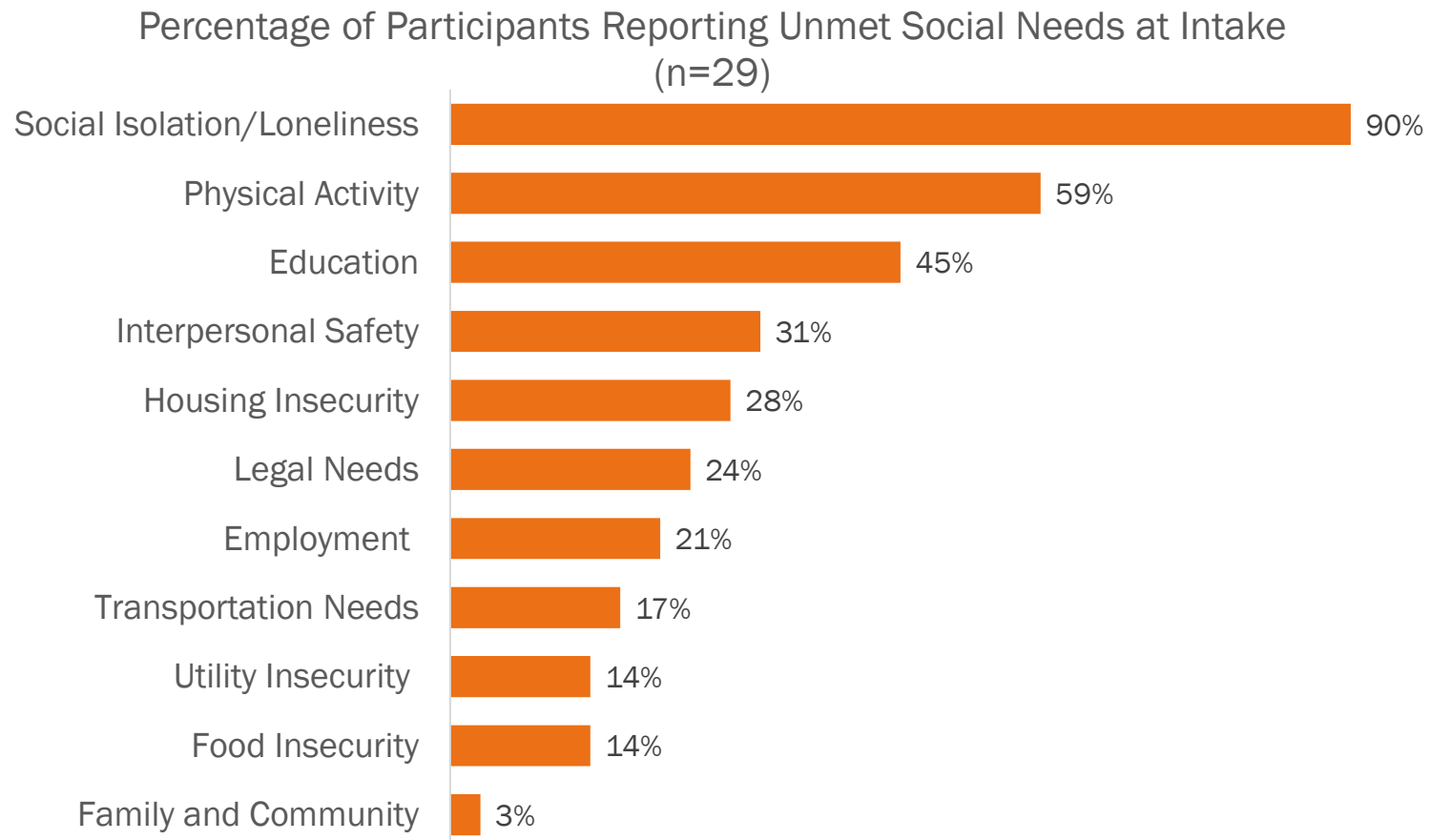
Aim 2: Preliminary effects of PARTNER-MH

Measures:

- **Patient Engagement – Altarum Consumer Engagement Scale**
 - Commitment to everyday health behavior (5 -25)
 - Informed choice subscale
 - Navigation subscale
- **Patient Activation– PAM-MH (0-100)**
- **Shared Decision-Making - SDM-Q-9 (0-25)**
- Perceived Efficacy in Patient-Physicians Interaction Scale (PEPPI-5)
- Work Alliance Inventory-Short Revised (WAI-SR)
- PHQ-9
- Veterans Rand 12-item Health Survey (VR-12) Physical Health
- Veterans Rand 12-item Health Survey (VR-12) Mental Health
- Perceived Discrimination in Healthcare Questionnaire
- UCLA Loneliness Scale (UCLA-6)
- ❖ No significant differences between active and control group participants.

Participants' Unmet Social Needs

Participants reported on average 3.4 unmet social needs/barriers to care, with a range of 0 to 9.



Feedback on social needs/ barriers to care screening

At first, [social need screening] was just weird cause **different parts of my mental health recovery where I needed to speak out about those things, and I didn't.** But right now, when I first joined the program, financially and with my food and housing, ...completely stable. So, it didn't feel applicable. **But I know through my ups and downs, in the mental health clinic, they've been very relevant in the past where I've been almost homeless. But I think it should be asked to every Veteran every time. It just didn't feel relevant to me at the time doesn't mean it can't be relevant in the future.**

[Peer] told me he could hook me up with resources, if I needed housing, food or anything. So, [we had] that personal connection, but **he wasn't just bringing words to the table. There was some action he was willing to take if I needed those additional things...**I think every organization at this point is so overwhelmed including the VA. But **we've got to make sure that our veterans are taken care of at all costs. ...And I think this a great vehicle to get there.** (Black female, 55-64)

PARTNER-MH Changes in outcome measures from baseline to 6 months				
	Active Arm (n=18) Change in score, (SD)	Waitlist Control Arm (n=18) Change in score, (SD)	p-value	p-value after adjusting for SUD
Altarum Consumer Engagement (ACE) Total	5.5 (11.5)	2.9 (10.4)	.4849	.3082
ACE communication sub-scale	2.8 (4.3)	1.9 (5.3)	.5940	.6237
ACE information sub-scale	0.9 (4.7)	0.4 (4.9)	.7609	.3835
ACE navigation sub-scale	1.8 (4.7)	0.6 (4.1)	.4107	.2919
Patient Activation Measure-MH (PAM- MH)	5.7 (16.5)	9.1 (11.7)	.4771	.8025
Shared Decision-Making-9 (SDM-Q-9)	1.9 (13.5)	1.3 (7.1)	.8720	.7522
Communication Self-Efficacy (PEPPI-5)	6.5 (11.5)	1.2 (10.2)	.1496	.0732
PHQ-9	-3.6 (6.7)	0.1 (5.2)	.0707	.0383*
UCLA Loneliness Scale	-0.6 (4.1)	-0.3 (3.9)	.8179	.5730
Working Alliance Inventory (WAI-SR)	3.8 (9.9)	2.9 (10.9)	.7912	.4684
VR-12 Physical Function	-4.4 (6.8)	-0.3 (7.8)	.2005	.1893
VR-12 Mental Function	8.3 (6.5)	-2.8 (6.8)	.0007	.0007*
Values are means (standard deviations) with p-values from Student's t-tests. Adjusted p-values, adding SUD (substance use disorder diagnosis) to the model, are from ANOVA models. Change is calculated as follow-up minus baseline, so negative values indicate a smaller value at follow-up.				

Effects of PARTNER-MH on Secondary Outcomes

Long-term
effects of
PARTNER-
MH

No significant
findings

Sustained effects
at 9-months.

Impacts

You got to be engaged. I would say that's probably the biggest thing I've learned ... Before I was doing nothing. I didn't make any kind of effort at all. **After speaking with John, just knowing, it is my mental health, and I am responsible for it as well.** (Black male, 25-34)

I was kind of just going with the flow. I didn't really have any clear-cut ideas about what I should be doing or anything to work towards as far as my mental health is concerned. **So, it [PARTNER-MH] did help me organize my thoughts, and my concerns, and get a game plan... I think I'm a little more proactive about [shared decision-making]. And so, I guess a little bit more empowered to really engage in that process...** (Black female, 35-44)

We set up a few SMART goals. **One was for regular physical activities; another was for talking with my provider about certain things I wanted to address and never addressed. And the other was continuing recovery plan. So, we set them all up. We wrote them all down, monitored progress, ...then we followed up with it.** And that's where I noticed that writing things down do improve things overall. ... I'm going back to school again in June, and **I'm doing SMART Goals again because I got back into it because of the [PARTNER-MH] workbook.** (Hispanic male, 35-44)

Key Points

- ❑ RCT results show that PARTNER-MH is feasible and acceptable.
- ❑ Preliminary effects show positive trends in the right direction.
- ❑ Preliminary effects appear to be sustainable over time.
- ❑ PARTNER-MH is a complex intervention that requires training and support.
Modifications needed to meet the needs of peers and Veterans.



Where do we go from here?

- Complete data analysis.
- Refine intervention and identify sites for future testing.
- Submit proposal to test effectiveness of PARTNER-MH.



Thank you!

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