

# Peer Support

## Does it have a role in Palliative Care?

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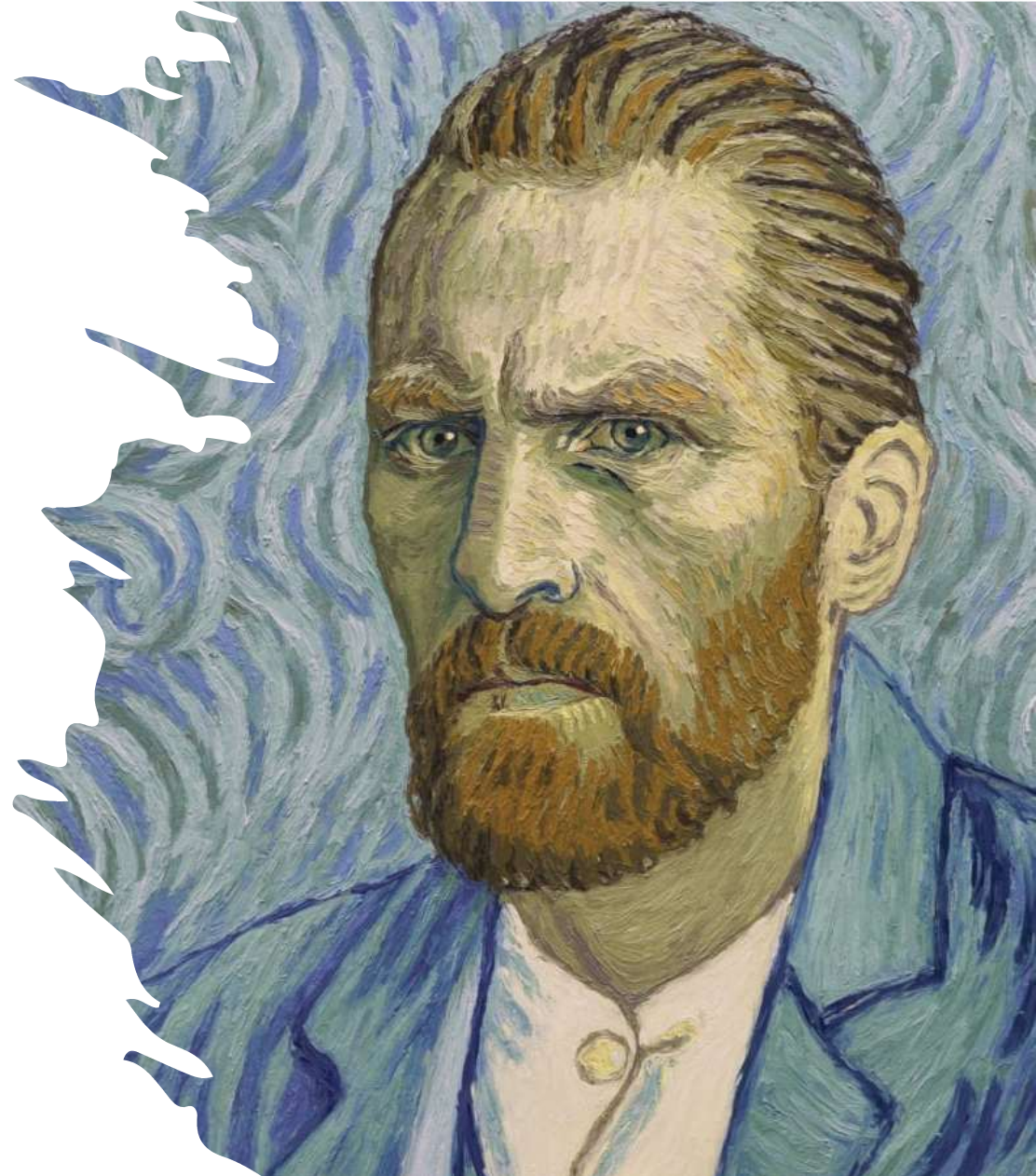
# What do people need at End of Life?

- Physical comfort
- Mental/Emotional needs
- Spiritual needs (*Existential needs*)
- Practical tasks

National Institute of Aging

<https://www.nia.nih.gov/health/providing-comfort-end-life>

Vincent Van Gogh



# Historic Palliative Care

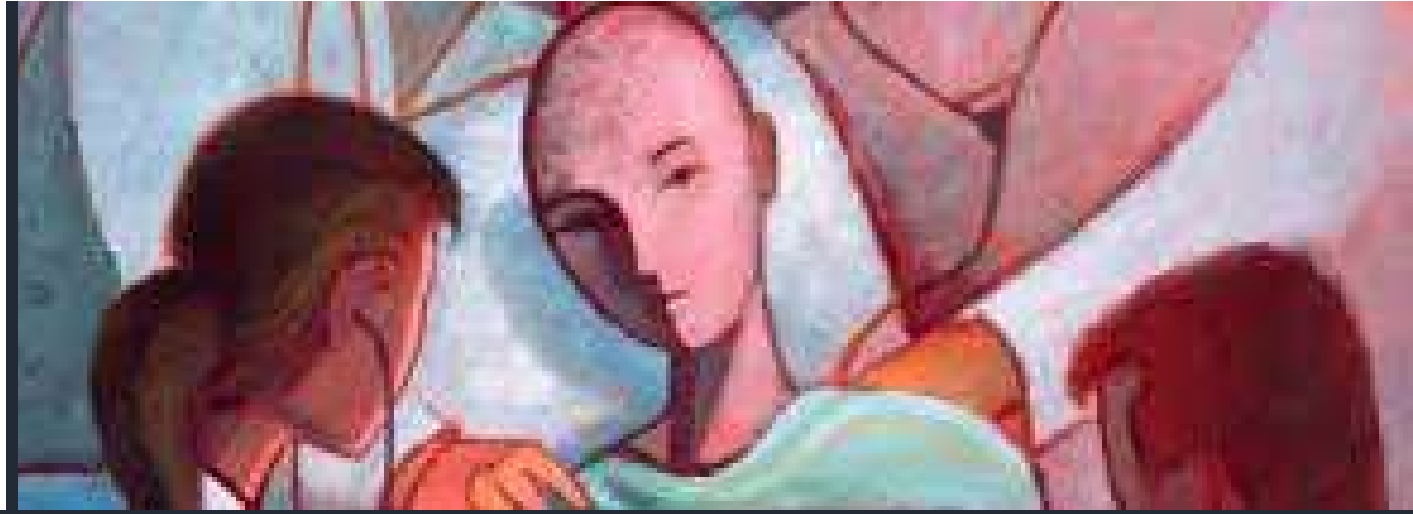
*“I shall die from having  
Lived “*

*Willa Cather-Death Comes for  
the Archbishop*

*Gustav Klimt*



# Palliative Care Today



“Palliative care is a crucial part of integrated, people-centered health services”

WHO





# How are Peers used in Palliative Care?

“Patients, families and community members are most often engaged as the target audience of compassionate community initiatives, rather than as full partners of community-led programs”



Dumont, K., Marcoux, I., Warren, É. *et al.* How compassionate communities are implemented and evaluated in practice: a scoping review. *BMC Palliat Care* **21**, 131 (2022). <https://doi.org/10.1186/s12904-022-01021-3>

# Barriers for Compassionate Communities Implantation

## → Cultural, Religious Social

Social attitudes to receiving help, alignment of activities with cultural attitudes, differences (in cultural patterns, perceptions, roles, language) cultural and ethnic diversity

*Mentioned by nearly one third of reviewed articles.*

Dumont, K., Marcoux, I., Warren, É. *et al.* How compassionate communities are implemented and evaluated in practice: a scoping review. *BMC Palliat Care* **21**, 131 (2022). <https://doi.org/10.1186/s12904-022-01021-3>

# Peers — Who are they?

Peer Support refers to a process through which people who share common experiences or face similar challenges come together as equals to give and receive help based on the knowledge that comes through shared experiences.



*'People looking after themselves and each other'*

Riessman, F. (1989). Restructuring help: A human services paradigm for the 1990's. New York, NY: National Self-help Clearinghouse

# Why Peers?

- Large workforce
- Crosses cultural barriers
- Acceptable to the public
- Relieving pressures on health care
- Involvement of community agencies
- Expands where and how intervention takes place





# The Challenges of Peers

- The health care system has no place or funding for them
- They need training and supervision
- If they are not happy, they leave
- Health professionals sometimes do not trust them or see them as a threat



# Formal Use of Peers to Change Behavior, Improve Quality of Life and Reduce Health Care Costs — An Example



# Self-Management — What is it?

**Self-management** - tasks that individuals must undertake to live with one or more chronic conditions

Tasks include having confidence to deal with medical management, role management, and emotional management of their conditions

Institute of Medicine 2004



*'People looking after themselves and each other'*



# Self-Management Interventions



- Face-to-face structured groups
- 6 weeks
- 2.5 hours/week
- 8-15 participants
- 2 peer facilitators
- Interactive; pair-and-share
- Based on Self-Efficacy theory
- Available in English, Spanish, French, Danish, Finish, German Italian many other languages



# Small Group Chronic Disease Self-Management Program Randomized Trial

## Demographic Data

- Age 62 years
- Male 27%
- Education 14 years
- # of diseases 2.2



# Chronic Disease Self-Management 2-year Changes in Health Status, Self-Efficacy and Health Care Utilization N=533

- Health Status Improvements

Fatigue

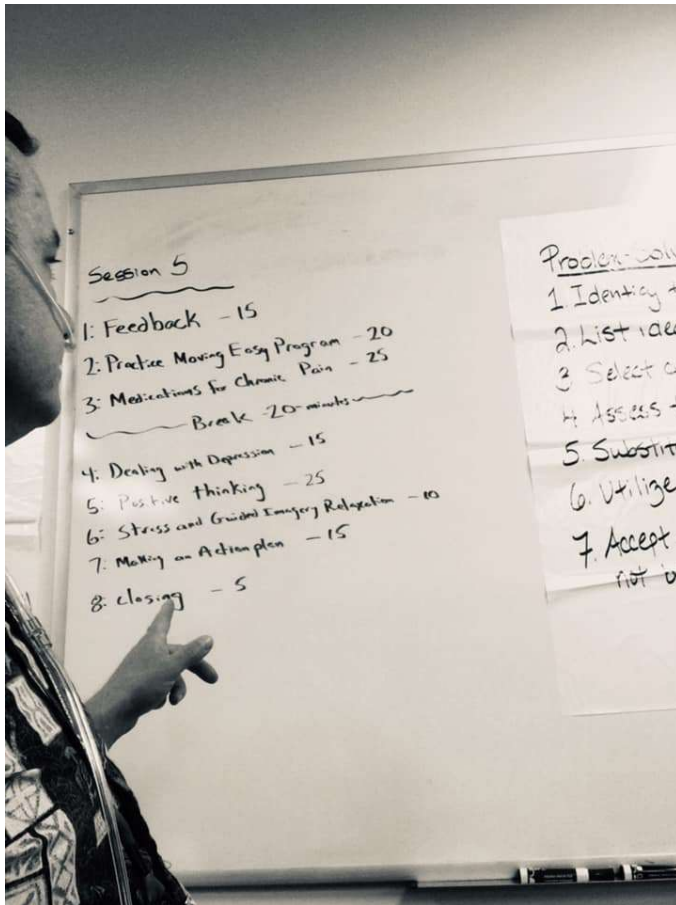
Depression

- Self-Efficacy



All changes  $<.05$

# Chronic Disease Self-Management: U.S. 12-Month Longitudinal Trial N=1170 (42% underserved)



## ■ Health Behaviors

Communicating with health providers, medication adherence, health literacy, exercise

## ■ Health Status

Self-rated health, fatigue, depression, pain

All P<.01

# Diabetes Self-Management

- Like CDSMP with diabetes-specific outcomes
- Available in English, Spanish and Chinese
- Taught by peers

Recent longitudinal study with Anthem  
Participants were either online or in small groups  
(N=approximately 1 200)



# 1-Year Outcomes

## Experience of Care

- A1c (for those  $9 > -1$ )
- Improved medication and lab testing adherence
- Improved depression



# Summary of Cost Findings

- Original CDSMP US 1-year longitudinal study N=1170 - Reduction in ED visits and number of times hospitalized
- EPP England N=About 500 - “Likely to be cost effective alternative to usual care”
- Diabetes Self-Management Longitudinal N=588 - “Patients in the BCBH-D program experienced reduced all-cause health care utilization and costs. Direct cost savings were US \$815”

# 20 Years After Translation to Practice Derivative Evidence-based Workshops

- Diabetes Self-Management
- Pain Self-Management
- Cancer: Thriving and Surviving
- Building Better Caregivers
- Trauma Chronic Disease Self-Management

# 20 Years After the First Translation to Practice



- 35 countries
- PAHO (WHO) initiative
- Reach 75,000 per year





## Guidelines for Using Peers

- Clear job description
- Standardized recruiting from communities being served
- When possible manualized intervention
- Ongoing training and support
- Fidelity standards
- Monitoring of peers
- Avoid exploitation

# How Peers Might be Used in Palliative Care

## Implication for Practice

- Peer advisory committee
- Co-create interventions with peers
- Place a focus on shared decision-making
- Consider using existing self-management programs



# But Palliative Care is Different!

Maybe...

The same was said about peer education for diabetes, refugees, those with severe mental health problems and cancer survivors.

A randomized trial is now underway at Erasmus Medical Center Rotterdam for people with advanced cancer and their informal caregivers.

# *Dank Je — Thank You*

