PEER Center
Peer Education & Evaluation Resource Center

A national resource and evaluation center for people living with HIV and organizations interested in PEER education training programs

Webcast Questions and Answers

Technical Assistance Call for *"Supervising Peers Who Support Clients in HIV Care and Treatment, Part 1"*
Oct. 7, 2009, 2:00 – 3:30 PM ET

Health Resources and Services Administration
HIV/AIDS Bureau, Division of Training and Technical Assistance

The below questions and answers include both questions submitted electronically and those taken over the phone during the Webcast. They have been organized according to topic: Planning a Peer Program, Peer Role, Recruitment/Hiring, Peer Training, Supervision, Funding, and general questions about the individual peer programs represented.

Q: You made reference to having on-site supervision. What are the challenges to having peers located in different settings?

A: Our administrative supervision is provided here at WORLD, but the peers go out to clinics, and they don't necessarily have a supervisor on site. However, we have assigned different social workers within clinics where peers work the task of checking in with peers while they are there and logging work hours. If we don't keep an eye on that, there can be some confusion about where and when peers are supposed to be when they are on site. There have been situations where the peer has gone on site to work and no one really saw that peer and the clinic was upset with WORLD because they thought we were not sending peers on site at the regularly scheduled time.

Above all, there needs to be communication between the organization that employs the peers and the organization where the peers do their work, so there can be an ongoing relationship to support the peer. Every week we have a group check-in about how clinic hours are going, and peers have the freedom to talk about any issues that are coming up at the clinic.

Q: [Regarding safety of peers when off site] We have peers that are hired to do outreach. However, when they go out they go with a supervisor.

A (People to People): Peer/client meetings are usually at our agency (Kansas City Free Health Clinic) when the client may be coming in for other services. There are times when peers meet

people to people
The Lotus Project Women's HIV/AIDS Peer Education Training
PACT Peers in action

with clients in the community. We encourage peers to go with case managers for home visits and not independently.

Q: Is HIPAA only restricted to HIV status, or does it include other physician diagnoses? What other types of information are considered "confidential"?

A: HIPAA is relevant to all health care issues. HIV status was highlighted because in some states it is the law to disclose HIV status with partners.

Q: Do HIPAA non-disclosure rules apply to a peer discussing client issues with their supervisor or professional supervisory persons?

A: Agency HIPAA consent forms usually protect all services that the agency provides, therefore individual consent forms are not always necessary.

Q: The peer educator is part of a team that supports the clients and is employeed by the clinic. Are you suggesting that there is a need for consents for the peer to be aware of clients' medical history?

A: Please see answer above.

Q: Can you explain the procedure if a peer finds a client who may be breaking local laws about HIV status disclosure?

A (JRI): Whatever the local laws are, they need to be respected; however, your question refers to a client and not the peer or other staff, so it may be complicated for the peer to bring this forward. I do think the supervisor could help the peer address this with the client. Perhaps the agency would have some protocol prior to the peer/client relationship beginning.

A (People to People): This type of concern is addressed in multidisciplinary team meetings where the peer will bring up the concern. The client's case manager or medical team can indirectly review the importance of disclosure laws. Peers are not mandated reporters, as are social workers.

For more information, see the read more section Confidentiality and Peers in the Building Blocks to Peer Program Success toolkit. Section 7.6 Evaluation Peer Programs: Protection of Human Subjects and Evaluation contains additional information about HIPAA.

Q **(addressed to the Kansas City Free Health Clinic): I'm a little surprised that there is an expectation that clients maintain the confidentiality of peers' [HIV] status. How do you enforce that and why is it necessary?**

A: We can't absolutely enforce it, but the peer discusses confidentiality with the client during the first meeting. The peers should have some control over their own disclosure, especially on their

own time and in their communities. It may happen that peers and clients have mutual friends that the peer may not have disclosed to.

Follow-Up Question: So do you not have a requirement that peers be comfortable talking about their status?
A: We do have that requirement, but in the clinic the peers are generally sharing on a one-on-one basis. If they are involved in a group meeting, all participants sign forms which make it clear that what is said in the group stays in the group. That's different from making your status public within the community.

Q: Are there ever conflicts where a client discloses something to a peer and expects the peer not to share that information with the care team?

A: This is very common. In the case we presented [about a client who was withholding information about his depression from the doctor providing HIV care and vice versa], the peer talked it over with his supervisor and tried a gradual approach of explaining why it would be safe to share this information with the doctors. He said something like this: "Remember in our first meeting, we talked about how I use information that you share with me to help the care team provide you with better care. I do respect your feelings about providing this information to your medical provider and certainly I won't go directly to your doctor, but I would like to talk to you about some of the benefits of sharing that information." He also used another peer [who had experienced a similar situation] to reinforce the message. It's a very tricky situation and both peers and supervisors need to anticipate how they are going to handle it, because it can be confusing to clients. This is a good example of how boundaries can become very blurred in both clients' and peers' minds and why it's important to work through these situations with peer supervisors.

If the peer wanted to protect the client's confidentiality, another approach would be in a team meeting to talk thematically about the situation, saying something like "What if someone is on dual medication and the two doctors are not aware of it?" That may draw out the information for providers to think about in the context of working with their clients.

Q: Regarding the example you gave about a peer going through a medical file and coming across someone they knew, was that a boundary crossing because the peer was not authorized to view the file or because the peer and client knew each other?
A: It was that the peer was not authorized to look at the file. Usually if a peer knows a client personally, the peer requests that the client be assigned to someone else.

Q: What is the protocol if a peer sees a client in public?

A: It's really up to the client to determine that. It is helpful if the peer and client discuss that scenario ahead of time and decide on what course of action they will take.

Q (addressed to WORLD): Where do you select your peer employees?

A: Here at WORLD, we try to recruit from the communities we serve. Primarily we recruit from the local medical network by sending out notices to different agencies that might have contact with folks that are HIV positive. (See the recruitment section of the Building Blocks to Peer Program success toolkit and our Webcast Recruiting, Hiring and Supporting Peers for more information.)

Q: (addressed to WORLD) How do you use your peer employees? Do they serve as client liaisons within the clinic or are they finding new clients to bring in from the community?

A: Our peer advocates generally don't do much outreach. Sometimes it just naturally happens and then they refer clients to the peer program.

Q: We have peers who work at our referral agency which coordinates with Ryan White B and C clinics. We have a problem with the clinics buying into the peers interacting with their clients. How can a referral agency convince the medical facility of the importance of having peers?

A: WORLD has a similar external model. The most important thing to do is to create a relationship with key people at the medical clinic and begin a discussion of what their needs are. Focus on getting to know them and where it might be helpful for them to have peer support at their clinic. They will probably become a lot more receptive to you when you show some good faith around wanting to meet their needs and address any concerns they have about bringing peers on site. If you're receptive to them, it will open doors for you.

Follow-up Question: The big concern was about medical records. They felt that because peers were not employees of the clinic, they didn't want to bring them into conferences with the team—the social workers and their managers—and they felt they may act like case managers when they are just peers.

A (Lotus Project): You can work with the organization to come up with some ways to address those concerns. For example, you can create a memorandum of understanding between agencies which helps to address some of these confidentiality issues. We have addressed similar case conference issues within a team by holding the actual case conference in a way that identifying information is kept as confidential as possible. That has alleviated concerns that some of our agencies have had about revealing client information.

A (People to People): On the PEER Center website is a digital story which is a great tool to use when trying to demonstrate to management how peers are able to benefit their agency. It's important to define what the role of the peers is going to be, and the agency should be at the table to help define what those roles and responsibilities will be. Around the issue of medical charts and the peers not being employees, at Kansas City Free Health Clinic, we couldn't survive without our volunteers. We rely on our volunteer coordinators to educate our volunteers about

confidentiality and the HIPAA laws, and they sign forms agreeing to those rules. In this way, our peers who are volunteers are able to look at lab values or check when the client may have come in for an appointment.

A (PACT): At Harlem Hospital, we had a new physician who was very concerned about having peers on the team. We arranged a meeting and brought the entire peer team, and I just allowed the peers to talk with the doctor about their work. Within days he was referring clients to us. The relationship is important—actually meeting the peers can be really powerful.

A (JRI): You mentioned role confusion with case manager. I think it's as important for the peer to understand what the role of the case manager is as it is for the case manager to understand the role of the peer. Sometimes that communication link doesn't occur—you need to work together to establish a collaborative relationship.

Q: Is it essential that the peers see a client's medical chart prior to initial contact with the client? Would it be better to meet the client and explain what's going on and then have the client allow you to see his chart if he so chooses?

A (People to People): Peers do not have to look at medical charts. The opportunity to look at medical charts to get lab values will happen if peers are using that as a tool to encourage clients to adhere to their medication—for example, clients might see their CD4 count is going up, once they understand the importance of taking meds. Sometimes our clients come to peer services because they want emotional support. In that case, the peer wouldn't address any medical issues where they would need to look at a medical chart. We only look at people's charts if we are preparing them to get on medications or doing some maintenance with them once they have started treatment.

A: (JRI) Understanding what the peer relationship is about in the context of the client's health and well-being is important. That needs to be understood prior to charts being read. It's the client's decision to have a peer relationship or not.

A (The Lotus Project): At WORLD, we don't tend to look at medical charts at all, so we are on the other side of the spectrum. We present our peers as not being on the medical staff and not looking at charts.

A (PACT): It is possible for peers to be supportive and effective on the team without going through medical records. If you are employing patients as peers, sometimes it's uncomfortable for them to be in the chart room, and it's understandable that the medical staff would have some misgivings about patients going into the charts of other patients. When peers are first being integrated into a setting, it may be beneficial for them to take on a few jobs and start slowly and then build to a more comprehensive role, if that's appropriate to the setting.

For more information, please visit the PEER Center website at http://www.hdwg.org/peercenter.