Lending a Hand: Healthcare Cost and Treatment Impact of Peer Recovery Services, A Review of the Literature

Nicholas J. Bush
University of Rhode Island, nicholasjamesbush@gmail.com

Follow this and additional works at: https://digitalcommons.uri.edu/srhonorsprog
Part of the Clinical Psychology Commons, and the Public Health Commons

Recommended Citation
https://digitalcommons.uri.edu/srhonorsprog/719

This Article is brought to you for free and open access by the Honors Program at the University of Rhode Island at DigitalCommons@URI. It has been accepted for inclusion in Senior Honors Projects by an authorized administrator of DigitalCommons@URI. For more information, please contact digitalcommons@etal.uri.edu.
Lending a Hand: Healthcare cost and treatment impact of peer recovery services, a review of the literature.

Nicholas Bush, Psychology

Sponsor: Andrea Paiva, Psychology

Introduction

• Substance abuse has become one of the largest healthcare crises in the country and have been placing a significant burden on the healthcare system. Substance abuse alone has an estimated cost of $740 billion annually when combining crime, lost productivity and healthcare costs (NIDA, 2017).

• One of the main barriers to treatment is understanding how to apply what is learned in treatment to the real world, which may require the acquisition of skills and access to resources.

• Peer mentors are often involved in the supportive treatment of chronic health conditions, substance abuse recovery and/or trauma recovery (SAMSHA, 2018).

• Solomon (2004) found that peer support provides a valuable service to many patients in treatment, as well as filled in the gaps in mental health delivery systems.

• Peer counseling, when mixed with mobile phone reminders, was significant in improving adherence and treatment outcomes among HIV positive patients (Abdulrahman et al., 2017).

Aims

• Conduct a systematic literature review around healthcare cost and treatment outcomes of peer recovery services.

• Evaluate the literature evidence on the hypothesis that peer recovery services reduce healthcare cost.

• The personal aims of this project is to gain valuable experience and skill in the systematic literature review methodology, as well as gain a deeper understanding around the evidence of peer recovery services.

Methods

The procedures followed were derived from Khan et al. (2003)’s five steps of systematic literature.

1. Framing the Question: Do peer recovery services reduce healthcare costs and improve treatment outcomes in mental health and substance abuse populations?

2. Identify Relevant Work: Articles were searched on the PubMed database using the following search terms:

A. (peer recovery [Title/Abstract] OR peer support [Title/Abstract] OR peer services [Title/Abstract]) AND (substance use [Title/Abstract] OR substance abuse [Title/Abstract] OR addiction [Title/Abstract] OR mental health [Title/Abstract])

B. Articles were included if they met following criteria:

1) The primary dependent outcome either treatment outcomes and/or healthcare costs.

2) The sample consisted of people who use substances and/or people with mental health concerns.

3) A structured, in-person peer support service was administered in the study.

3. Assess the quality of the studies: Articles that met inclusion criteria were assessed for quality through Khan et al. (2003)’s quality assurance measure.

4. Step four summarize the literature

Results

• 19 articles met inclusion criteria for review

• 15 referenced mental health treatment outcomes

• 1 referenced substance use outcomes

• 5 referenced impacts to healthcare cost

• 11 of the 15 articles on mental health treatment outcomes reported significant improvements and/or reduction of symptoms.

• The one article on substance use found a significant increase in outpatient service engagement and a greater sustained reduction in alcohol use long term.

• 3 of the 4 articles on health care cost found no significant reduction, with one article finding significant increases in outcomes associated with healthcare cost.

Conclusions

• The goal of the study was to examine the published literature to assess peer recovery services efficacy on mental health and substance use treatment outcomes.

• Results indicate that PRS has been shown to increase mental health treatment outcomes.

• PRS may have the potential to increase substance use treatment outcomes, however more research is needed.

• PRS does not seem to have evidence to support that it can reduce healthcare related costs.

• Gaps and recommendations for future research

• High attrition and difficult recruiting is a barrier to research.

• More research is needed to conclude PRS role in co-morbidity substance use and mental health.

• More robust longitudinal research is needed to further conclude PRS role in healthcare cost impact.

References


Acknowledgements

Sally Contri for all of her guidance and support.

Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHHDD)

URI Honor’s Program