

Examining the Financial Value Placed on Peer Recovery Coaches in Healthcare and Corresponding Peer Perceptions of Wages, Security and Satisfaction



Heather A. Raley, LCPC

IRIS Fellow, University of Maryland School of Social Work; Mosaic Group



Introduction

- ❖ Peer Recovery Coaches (PRCs) are individuals with lived experience in recovery from alcohol and/or drugs
- ❖ PRCs are trained to address not only substance use disorder (SUD) needs, but other social determinants of health that often co-occur
- ❖ PRCs have been shown to reduce hospitalizations and lengths of stay¹, yet many hospitals report struggling to maintain PRC positions, or pay below a livable wage
- ❖ Study aims were to demonstrate the financial value of PRCs, explore PRC perceptions of their role in healthcare, and reflect limitations to the PRC role

Methods

- ❖ Primary data collected from a survey of PRCs, and publicly available employment websites determined average starting wages
- ❖ Secondary data of hospital utilization costs in Maryland was retrieved by colleagues at the University of Maryland School of Social work, and of livable wages from the online Livable Wage Calculator tool
- ❖ Sample for survey included 60 PRCs in Maryland or Washington, DC. A convenience sampling method utilized, emailing PRCs and asking them to forward the survey between January – March 2023
- ❖ Variables of interest included starting and current salary, opportunities for promotion and overtime, job satisfaction, among others

Livable Wage in Comparison to PRC Starting Hourly Wages

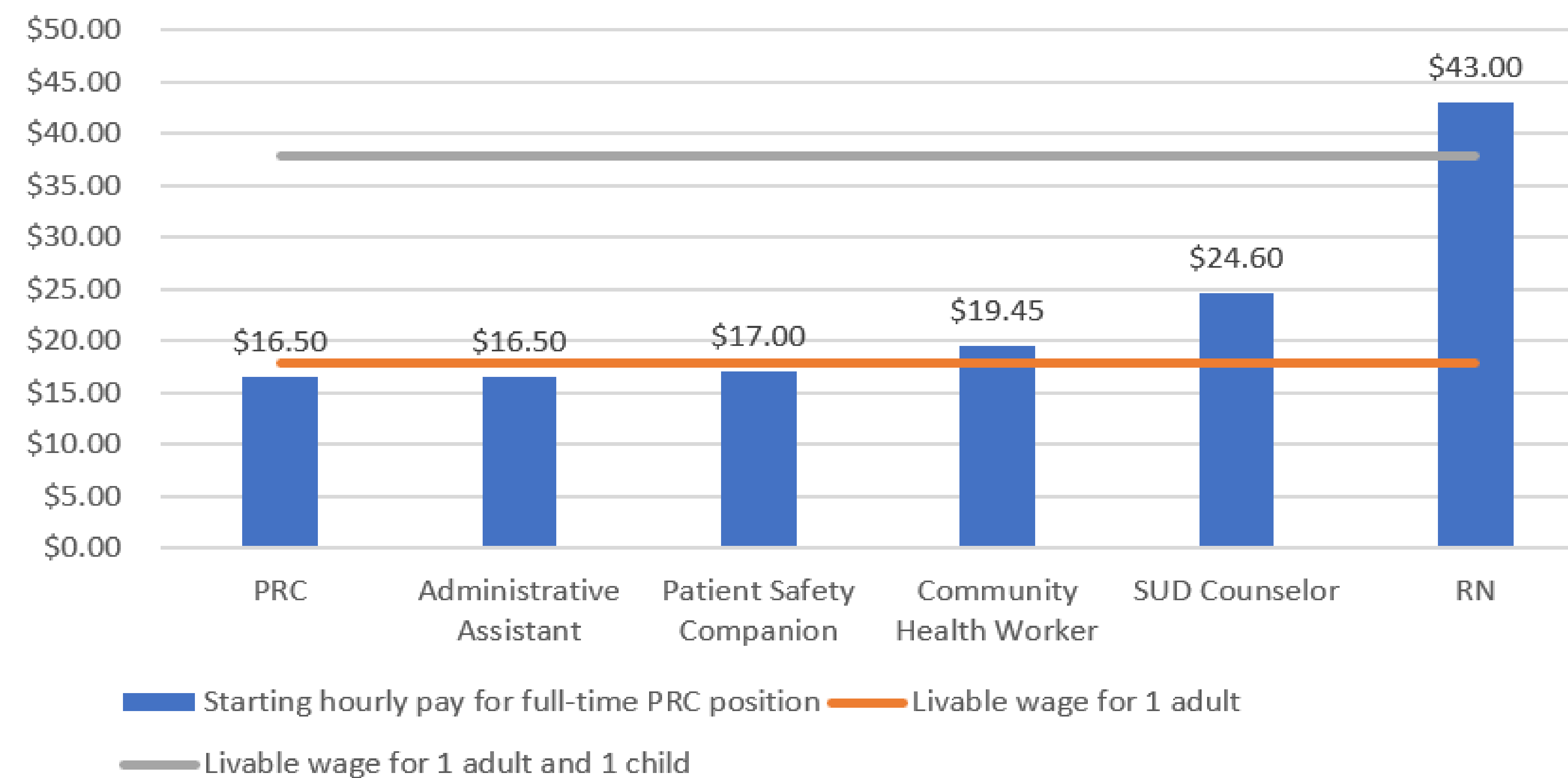


Table 1. PRC wage vs. other hospital positions and livable wage

Results

- ❖ The average starting wage for PRCs is \$16.50, less than similar healthcare positions, and below the regional livable wage of \$17.81
- ❖ PRCs making less than \$20/hour are more likely to have a second job
- ❖ Just over half (52%) of respondents felt appreciated at work, 40% felt they had job security, and only 15% were satisfied with pay, all below the national average

PRC Perceptions of Workplace Connectedness

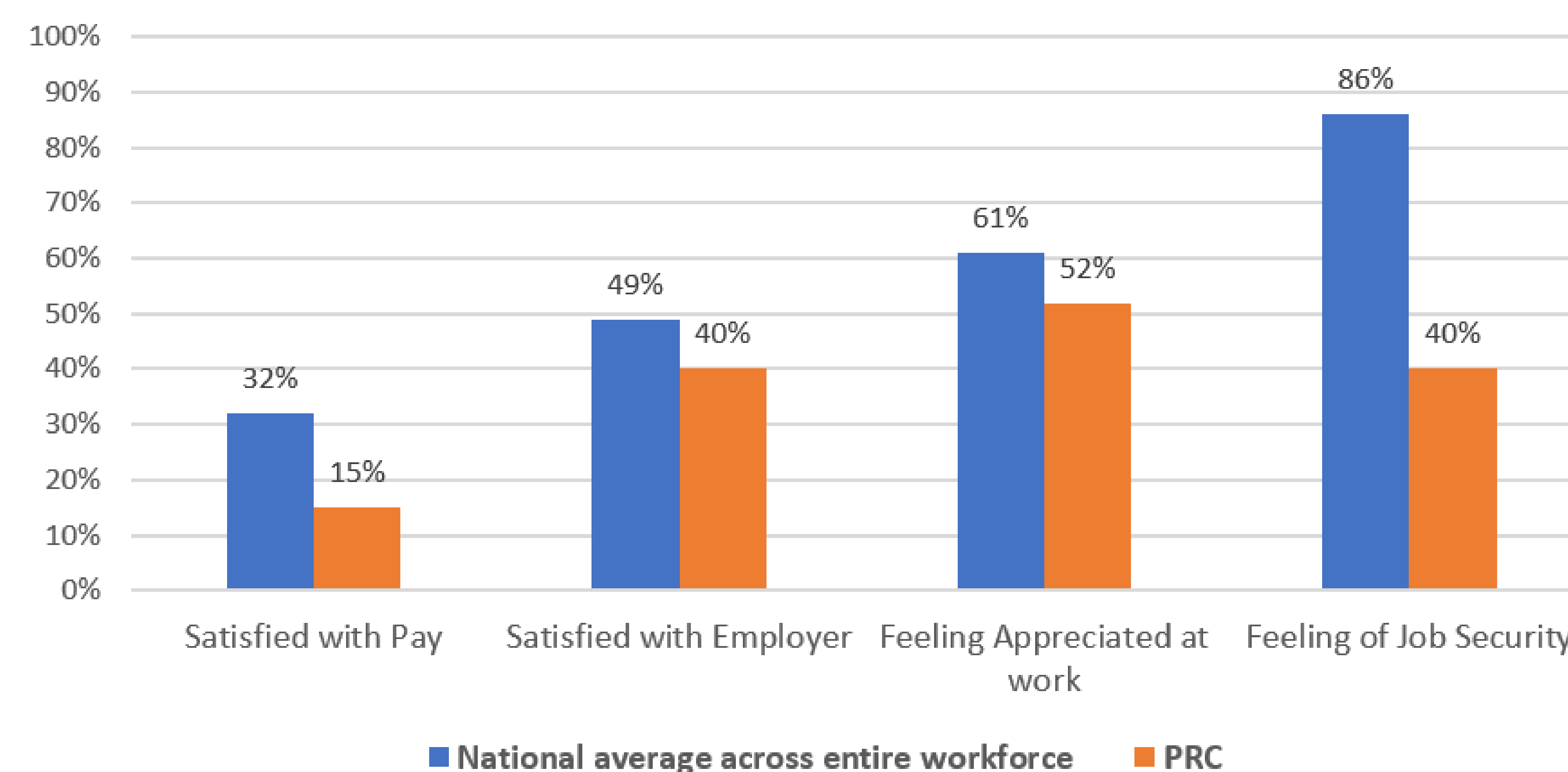


Table 2. PRC connectedness at work vs. national average

Discussion

- ❖ Prior research shows that PRC interventions correlated with reduced ED visits and inpatient hospitalizations
- ❖ Survey results show that PRCs feel largely underappreciated and undercompensated
- ❖ Funding for PRC positions in hospitals are often grant-funded, leading to annual review and increased risk of position elimination
- ❖ Study limitations include a relatively small sample size, and sampling skewed to represent far more hospital-based PRCs and from only one geographic area (Maryland/Washington, DC), and therefore, lacking generalizability

Conclusion

- ❖ This study was aimed at evaluating the financial and societal value of PRCs in healthcare at a time when PRCs are seemingly underpaid and at risk for eliminating positions in hospital settings
- ❖ Pay comparable to the value PRCs bring to the hospital would likely improve retention and productivity as a result of improving job satisfaction and reduced need for a second job
- ❖ Future research may gather information on pre-and post-hospital utilization and cost when intervening with PRC, and longitudinal research following patients' ED and hospital costs post-discharge

1. Magidson, J., Regan, S., Powell, E., Jack, H., Herman, G., Zaro, C., Kane, M., Wakeman, S., (2022). Peer recovery coaches in general medical settings: Changes in utilization, treatment engagement, and opioid use. *Journal of Substance Abuse Treatment*, 122