"I FELT LIKE WE WERE IN THE WAY…NOW, I BELONG HERE" : IMPLEMENTING AN EMERGENCY DEPARTMENT PEER-COMMUNITY HEALTH WORKER PROGRAM FOR PEOPLE WHO USE DRUGS

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Background
Emergency departments (EDs) increasingly employ peer recovery specialists and community health workers (peer-CHWs) to link patients with substance use disorders (SUDs) to addiction treatment, harm reduction, and services for health-related social needs.

Methods
We conducted semi-structured interviews with peer-CHWs, ED clinicians and staff, and program founders to examine implementation barriers and facilitators of an ED Peer-CHW program at a tertiary Level 1 trauma center using the Consolidated Framework for Implementation Research (CFIR). Interviews lasted an hour and participants received $50 compensation. Coding combined deductive and inductive approaches, using CFIR-based parent codes complemented by inductively generated subcodes. Each transcript was double-coded and independently reviewed by a senior team member. Themes were agreed upon by consensus.

Results
We interviewed 6 peer-CHWs, 15 participants, 20 ED clinicians and staff, and 4 program founders (n=45). Innovation-related barriers included a lack of clarity around program placement within the organizational structure. Key facilitators included program flexibility to address patient needs outside traditional hospital-based care models, perceived program benefits by ED staff and patients, and dedicated implementation funding. Inner-setting barriers included limited physical ED workspace, confusion about the Peer-CHW role, role territorialism, resistance to workflow change, and bias, stigma, and racial discrimination experienced by peer-CHWs. Facilitators included provision of dedicated workspace, access to the electronic health record (EHR), ED leadership support, and high tension for change to improve care for patients with SUDs. Peer-CHWs' ability to build strategic relationships and proactively engage patients and staff was crucial for implementation, though reliance on individual attributes may limit implementation in some settings.

Conclusion
Multilevel factors across all CFIR domains influence ED peer-CHW program implementation. Successful implementation will be enhanced by clear role delineation and communication with ED care teams, secured workspace and EHR access, leadership support, and flexibility to adapt peer-CHW work to patient needs.

Disclosure of Interest Statement
The authors have no conflicts of interest to disclose.