

HSU Student Medical Services QI Study Peer Health Educators in Clinic Demand, Utilization, and Cost Analysis Fall 2018

By Jessica VanArsdale and Mira Friedman
1/17/2019

1. Purpose Statement

College students are at high risk for sexually transmitted infections (STIs) and they are encouraged to get screened regularly. In 2016/2017 academic year, HSU Student Medical Services performed 2,019 screenings for STIs equating to 14% of all visits. In the fall of 2017 we implemented a peer to peer model to provide asymptomatic STI screenings and birth control consults. Evaluation of the program in 2017 showed it was effective and there was a high satisfaction rate among patients who participated in the program. In the fall of 2018 we had a new set of four peer health educators (PHEs) who were trained to provide asymptomatic STI screenings and birth control consults in clinic. The purpose of this study is to evaluate the demand, utilization, and cost of the program during the fall 2018 semester.

2. Performance Goal

The goal of this study is to obtain baseline data to determine if the PHE program is cost effective.

3 & 4 Data Collection Methods

Data was extracted from the electronic medical record system (PyraMed) to determine number of visits, length of visits, and insurance reimbursement for visits. Each chart was reviewed to determine if a follow up appointment was needed with a provider after the PHE visit. Additionally, payroll records for the PHEs were reviewed.

5. Data Analysis & Interpretation

PHEs completed 387 patient visits during the fall 2018 semester. The only insurance the health center bills is Family Pact (FPACT) insurance. There were 364 PHE visits that were billed to FPACT for a total of \$7,971.8. Additionally, FPACT reimburses for condoms (\$15 for each bag) and blood draws (\$3.60 for each blood draw). PHEs gave 155 bags of condoms and there were 214 FPACT blood draws and 6 non-FPACT blood draws. The total amount of PHE wages paid by the health center was \$5,798.40 (some had work-study so the university paid part of wages). Overall, there was a net gain of \$4,362 from the PHE program in the fall of 2018 (Figure 1).

Figure 1. PHE Visits (n=387), fall 2018			
Visit Type	Number of visits	FPACT reimbursement	Total
FPACT 15 minutes	287	\$19.07	\$5,473.09
FPACT 30 minutes	73	\$31.79	\$2320.67
FPACT 45 minutes	4	\$44.51	\$178.04
Total FPACT billable visits	364	TOTAL FPACT visits	\$7,971.8
Not FPACT billable (patient seen by provider on same day)	16		
Not FPACT visit	7		
Condoms given by PHEs	155	\$15	\$2,325
Our cost of condoms	155	\$6.24	-\$967.20
Blood draws resulting from PHE visits: FPACT	214	\$3.60	\$770.40
Blood draws resulting from PHE visits: Not FPACT	6	\$10	\$60
Total from PHE visits			\$10,158
PHE wages paid by SHC (some had work-study so the university paid part of wages)			-\$5798.40
		Net	\$4,362
Staff hours: training & supervising (approximate)	Mira: 35 hrs. Jessica: 25 hrs.		

Of the 387 PHE visits, 65 (17%) required a follow up visit with a provider (excluding 15 Nexplanon inserts by providers). Part way through the semester PHEs were trained to start doing Nexplanon consults (started 10/3/18) and Pill/Patch/Ring consults (started 11/1/18), so there were 20 consult visits done by PHEs rather than providers. This resulted in a total of 342 provider visits (or 171 provider hours) that were available for other types of issues. Since providers spent time training and supervising the PHEs and reviewing charts (estimated 61 hours for the semester) there was a net of 110 provider hours available for other types of visits (figure 2). If there were no PHEs and providers were seeing all of the patients seen by the PHEs then it would require about 133 provider hours (figure 3). The overall estimate of provider time saved by the PHE program is 110-133 hours per semester.

Figure 2.
PHE Visits vs Provider Visits
fall 2018 (n=387)

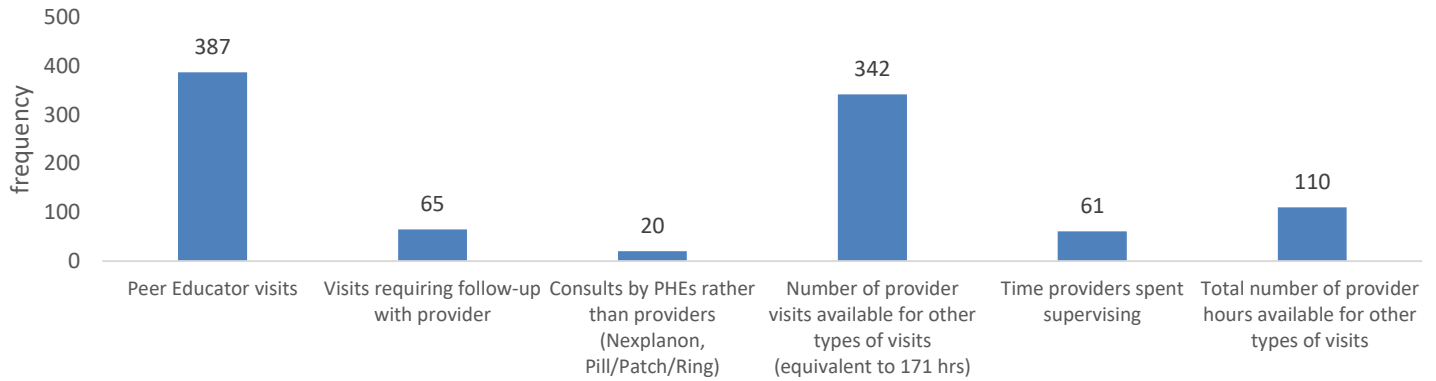


Figure 3. If there were no PHEs and providers were doing all of these visits	
PHE visits that would be done by providers	387 visits
Number of provider hours (assuming average 30 min per visit)	194 hrs
Time providers spent supervising (would not be needed if no PHEs)	61 hrs
Provider hours to do the same number of visits the PHEs did	133 hrs

6. Comparison

In the fall of 2017 the number of PHE visits was 260, which increased by 127 visits in the fall of 2018. The amount billed to FPACT in the fall of 2017 was \$8,214.58, compared to \$7,971.80 in the fall of 2018. Comparing the FPACT visit types shows that the main visit type was 30 minutes in the fall of 2017, while the main visit type was 15 minutes in the fall of 2018 (figure 3).

Figure 3. Comparison of PHE FPACT Visits		
PHE Visits	fall 2017	fall 2018
Total Number of Visits	260	387
Visit Type		
FPACT 15 minutes	6	287
FPACT 30 minutes	231	73
FPACT 45 minutes	45	4
FPACT reimbursement	\$8,214.58	\$7,971.80

7. Implementation

This study shows that the PHE program is beneficial for meeting demand and freeing up providers for other types of visits, so we will continue the program.

8 & 9. Re-Measurement & Implementation of Corrective Actions

We will continue to monitor the demand, utilization, cost, and effectiveness of this program with periodic re-measurements. We will have the PHEs keep track of the length of each visit to assure they are reporting the correct visit length as it seems that the average visit length in 2017 was 30 minutes whereas in 2018 it was 15 minutes.

10. Communication

This results of this study will be presented at the QI meeting on 1/17/19 and to the Governing Body on 2/28/19.