

# HSU Student Medical Services QI Study

## Peer Health Educators in Clinic, Pill/Patch/Ring Consults

### Fall 2018

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## 1. Purpose Statement

In the fall of 2017 we implemented a peer to peer model to provide asymptomatic STI screenings and birth control consults. By using a peer to peer model it was anticipated that medical staff would have more time to see more complex and acute issues and we would increase the number of students being screened for STI's. Analysis showed that the most common reason a patient needed to follow-up with a provider after seeing a peer health educator (PHE) was for a pill, patch, or ring consult (38%). In the fall of 2018 PHEs were trained to provide pill, patch, or ring consults. The purpose of this study is to evaluate how effective these consults were in decreasing the need to be seen by a provider.

## 2. Performance Goal

The performance goal for the fall 2018 semester was to train PHEs to provide pill, patch, and ring consults and decrease the need for a follow-up visit for these to 20% or less.

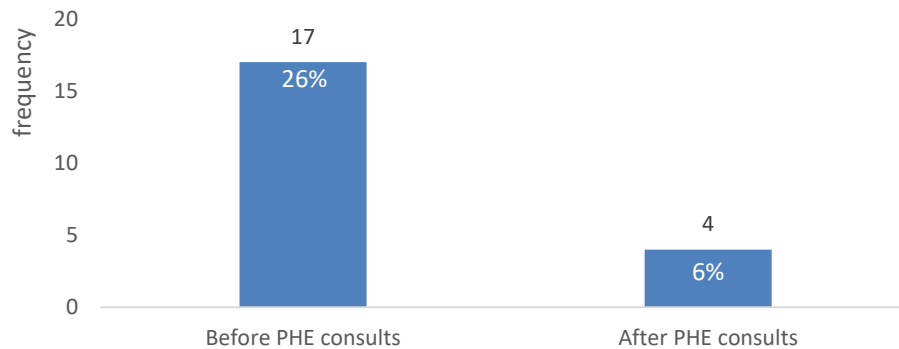
## 3 & 4 Data Collection Methods

The electronic medical records were reviewed for each of the 387 visits conducted by PHEs in the fall 2018 semester. Subsequent clinic visits were reviewed to see what the follow up visits were for. When a patient saw a provider for follow-up the reasons were noted. Excel was used to analyze the data.

## 5. Data Analysis & Interpretation

Peer educators completed 387 patient visits during the fall 2018 semester. Of these, 65 (17%) required a follow-up visit with a provider. PHEs were trained to do pill, patch, and ring consults toward the end of the semester (November 1), so they were only able to do a total of 9 consults. Prior to PHEs being trained to do these consults, 26% ( $n=17$ ) of the follow up visits were for pill, patch, or ring starts. After PHEs were trained to do these consults, 6% ( $n=4$ ) of the follow-up visits were for pill, patch, or ring starts (figure 1).

Figure 1.  
Follow-up Provider Visits ( $n=65$ )  
for Pill/Patch/Ring  
fall, 2018



## 6. Comparison

As shown in Figure 1, before the PHE pill/patch/ring consults 26% of the provider follow up visits were for pill/patch/ring. This decreased to 6% after PHE consults started.

## 7. Implementation

Having PHEs trained to do pill/patch/ring consults has contributed to the decreased need for follow-up with a provider, so we plan to continue this service.

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

We will continue to monitor the effectiveness of this program with periodic re-measurements.

## 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.