



Interprofessional Care Access Network (I-CAN)

2013-2017

Peggy Wros, Heather Voss, Claire McKinley-Yoder, Katherine Bradley, Kate LaForge



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The I-CAN Model

Client, Student, & Population Impact

Community Partner Perspectives

Questions and Discussion

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Questions and Discussion

**I-CAN is a model for
healthcare delivery and
interprofessional
practice and education.**

Core Elements of I-CAN

- Disadvantaged and underserved people and populations
- Faculty practice model
- Long-term commitment to community partners
- Neighborhood/community academic-partnerships
- Interprofessional student teams
- Focus on social determinants of health
- Home visitation
- Population health interventions
- Continuous quality improvement

What can an I-CAN client expect?



Referral

Community partners identify potential I-CAN clients



Intake

Faculty-in-Residence and student teams conduct intake



Home visits

Student teams meet regularly with clients, often in their homes



Care coordination

Students address social determinants of health using local resources

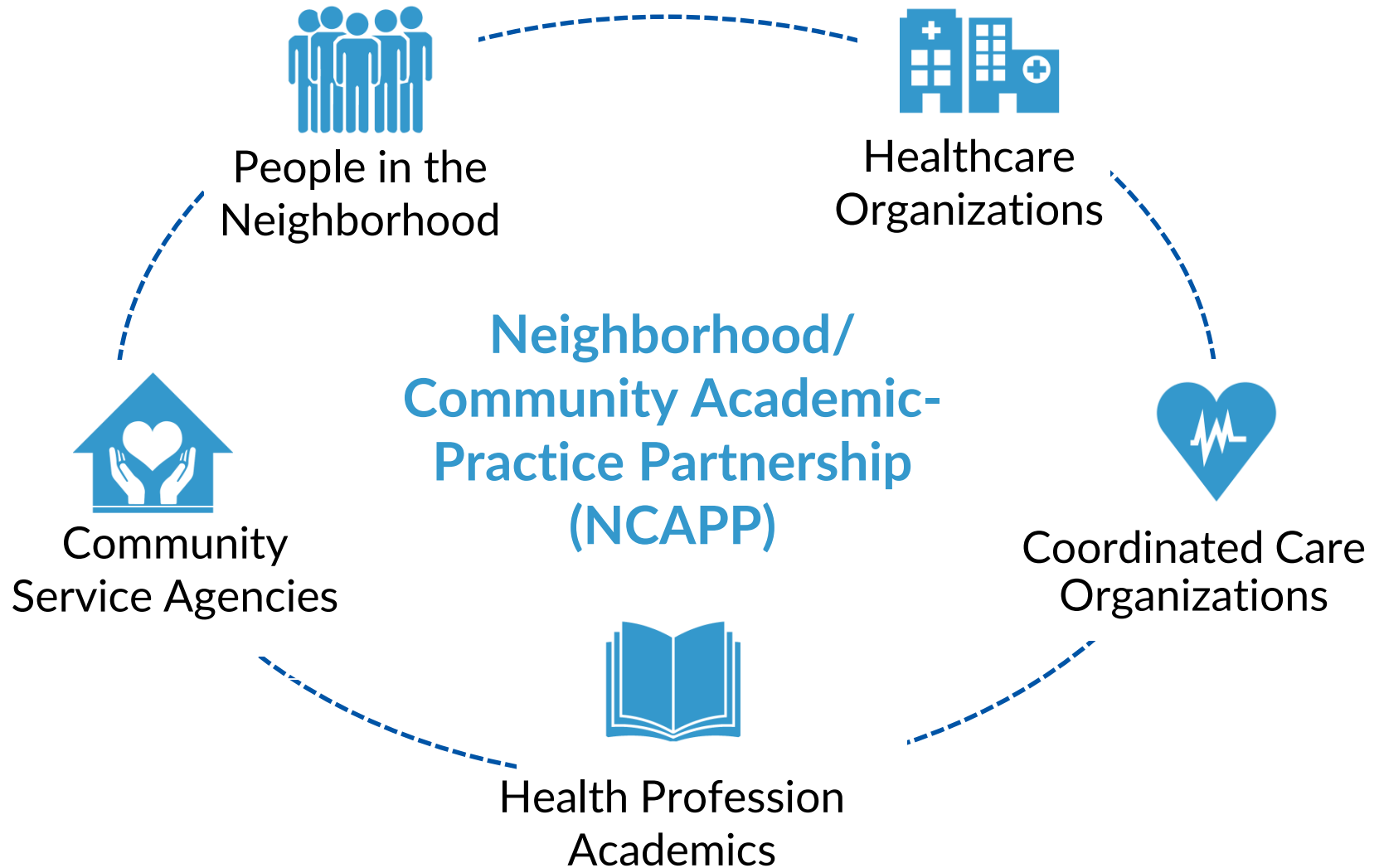


Transition

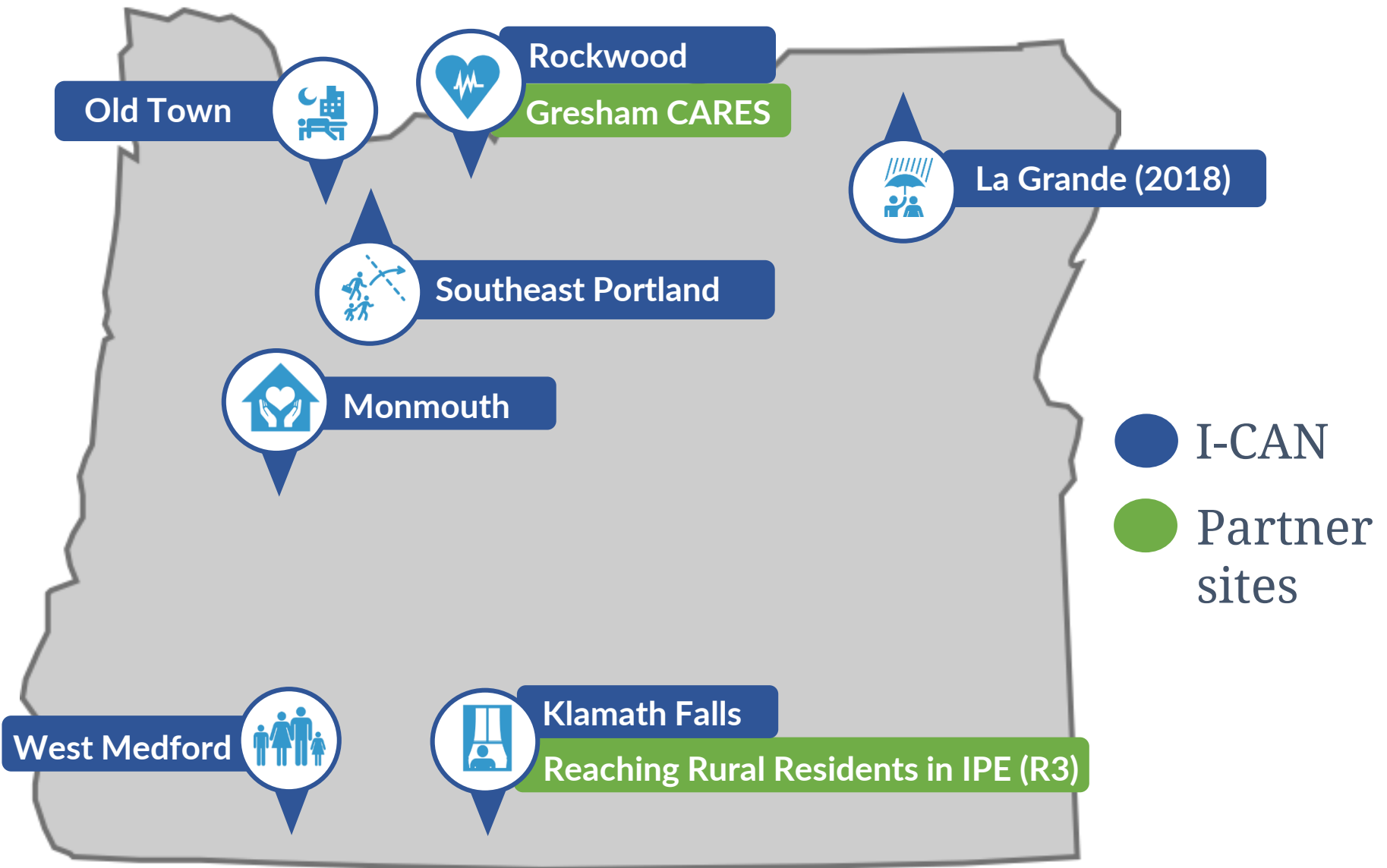
Clients transition out of I-CAN when client-set goals are met



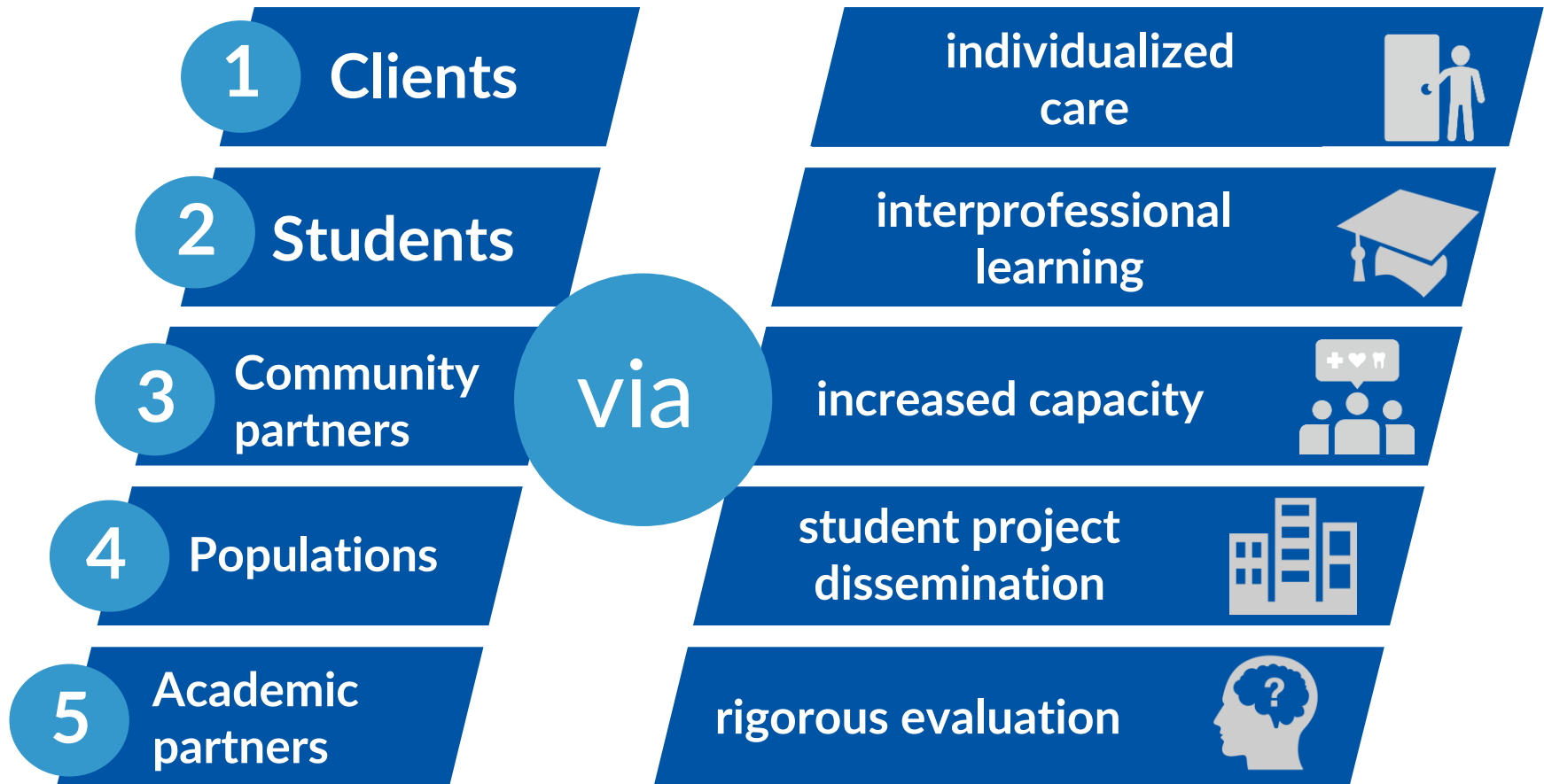
Community Partnership Networks



I-CAN and Partner Sites



I-CAN Benefits...



I-CAN clients

I-CAN clients include **families, refugees, the elderly, and veterans** — who may be **socially isolated, poor, and facing multiple chronic conditions.**



I-CAN clients



Clients from all over the world:

Korea, China, Myanmar, Congo, Mexico, Vietnam, Somalia, Iraq, Cuba, Canada, Eritrea, Afghanistan, Burundi, Bhutan, Nepal, Burma, Ethiopia, France, Iran, Ireland, Switzerland



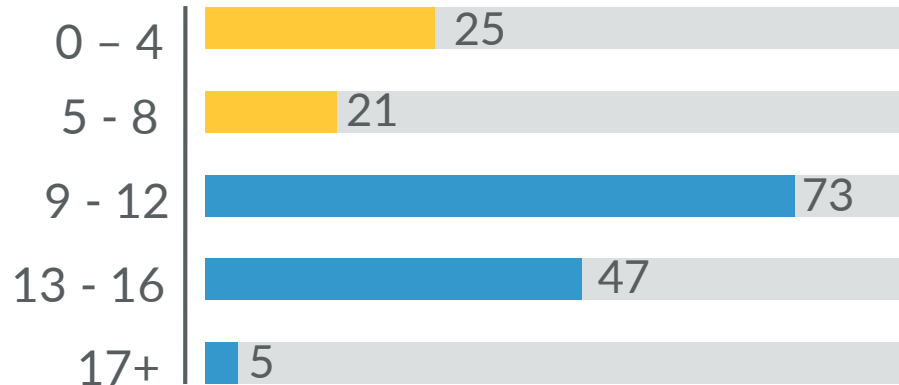
Speaking 21 languages:

English, Cantonese, Farsi, Karen, Korean, Spanish, Swahili, Vietnamese, ASL, Arabic, Burmese, Hindi, French, Kinyarwanda, Nepali, Pashtu, Dari, Somali, Tigrinya, Toisanese, Taishanese

I-CAN clients

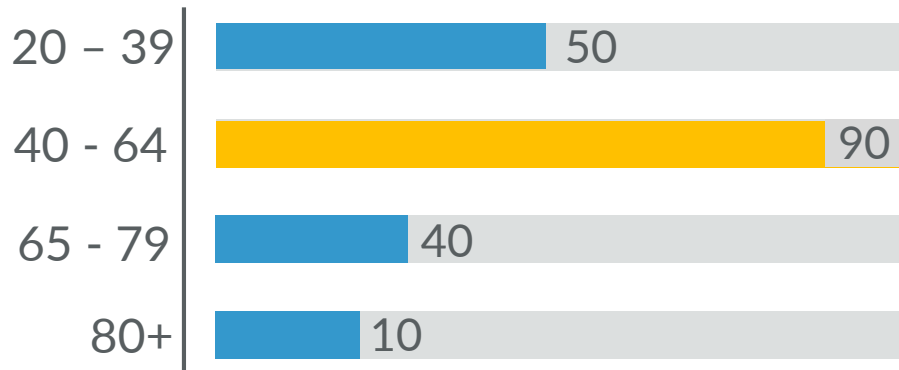
1 in 4

of I-CAN clients have 8 years or less of formal education



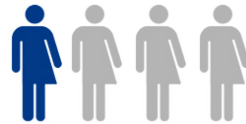
1 in 2

of I-CAN clients are between the ages of 40-64



I-CAN clients

1 in 4 live alone



1 in 5 live with a partner/spouse

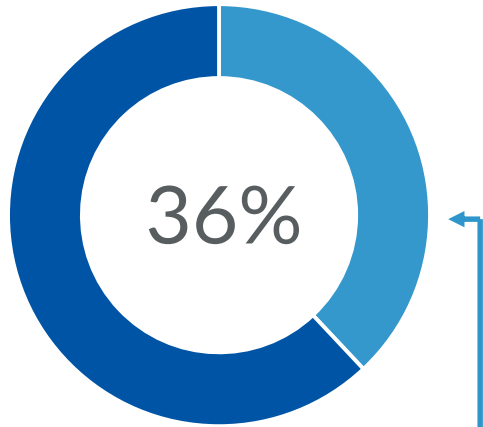


1 in 4 live with children

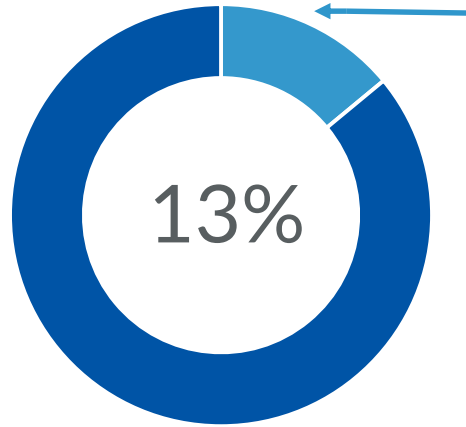


I-CAN clients

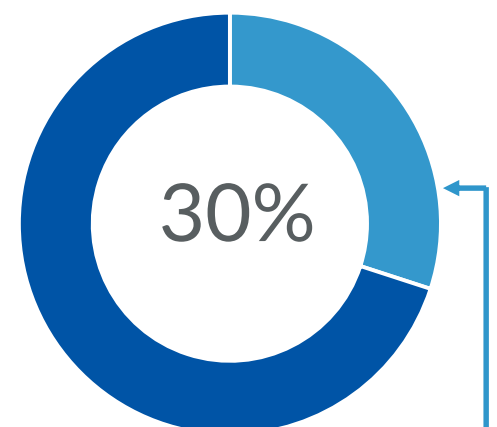
At intake...



Tobacco:
Clients smoke
daily or most days



Alcohol:
Clients drink daily
or most days



Substances:
Clients report
substance use

I-CAN clients

On intake, 89% of I-CAN clients had public insurance

Public 89%

Uninsured 8%

Private 3%



Referral: Partners Identify Clients

Healthcare Utilization

- 2+ non-acute EMS calls in 6 months
- 3+ missed healthcare appointments in 6 months
- 10+ medications

Social Determinants

- Lack of primary care home
- Lack of healthcare insurance
- Lack of stable housing

Family Contributors

- 5+ unexcused school absences
- 2+ family members with a disabling chronic illness
- Developmentally delayed parent(s)
- Signs of child negligence



Intake: Students Conduct Assessment



Churn Rate: System Cycling in the Past 6 Months

- EMS calls
- ED visits
- Hospitalizations

Stabilizing Factors in the Past 6 Months

- Employment/income
- Food security/nutrition
- Insurance changes
- Housing changes

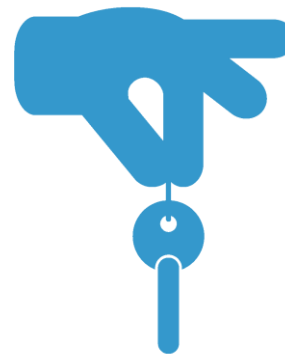
Demographics, Health Screening, Medication Review

Client Self-Reported Concerns



Top Health Concerns

Musculoskeletal issues/pain
Mental/behavioral health
Dental/oral health
Endocrine issues (e.g.,
diabetes)



Top Social Concerns

Medication management
Housing stabilization
Addiction control
Personal hygiene
Safety and security
Social Isolation

Types of Students & Courses



Nursing

Chronic Illness, Population Health, & Leadership



Medicine

Family Medicine & Rural Health



Physician Assistant

Clinical Projects and Placements



Nutrition & Dietetics

Community-Based Practice & Internship



Pharmacy

Transitional Clerkship



Dentistry

Community Dentistry

1092
students

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Questions and Discussion

Case study: Lucy

SOCIAL

Has five children

Referred to I-CAN because she has missed multiple healthcare appointments

Recently came to Oregon from the Congo

Speaks only Swahili

Has no formal education

MEDICAL

Recently diagnosed with hepatitis B

Has underlying sickle cell anemia



Case study: Lucy

STEPS

Consolidated assigned payers and providers

Read health insurance renewals

Reinstated lapsed healthcare insurance

Referred one child for urgent dental care

Turned off smoke alarm

Provided medication safety teaching

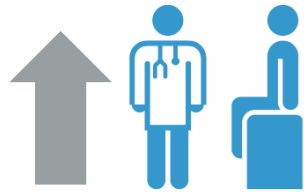
Provided follow-up teaching after an ED visit



The I-CAN program has demonstrated success in **improving health outcomes.**

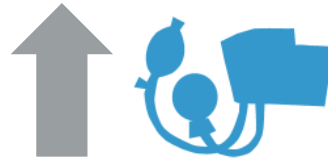


Improvement in Healthcare Domains



51%

Of clients
increased their
**medication
literacy**



45%

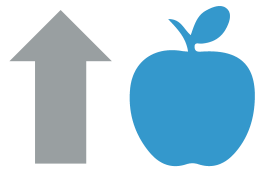
Of clients
improved their
ability to **manage
pain**



50%

Of clients
increased their
ability to manage
chronic disease

Improvement in Social Domains



38%

Of clients
increased their
access to food



35%

Of clients
improved their
housing status

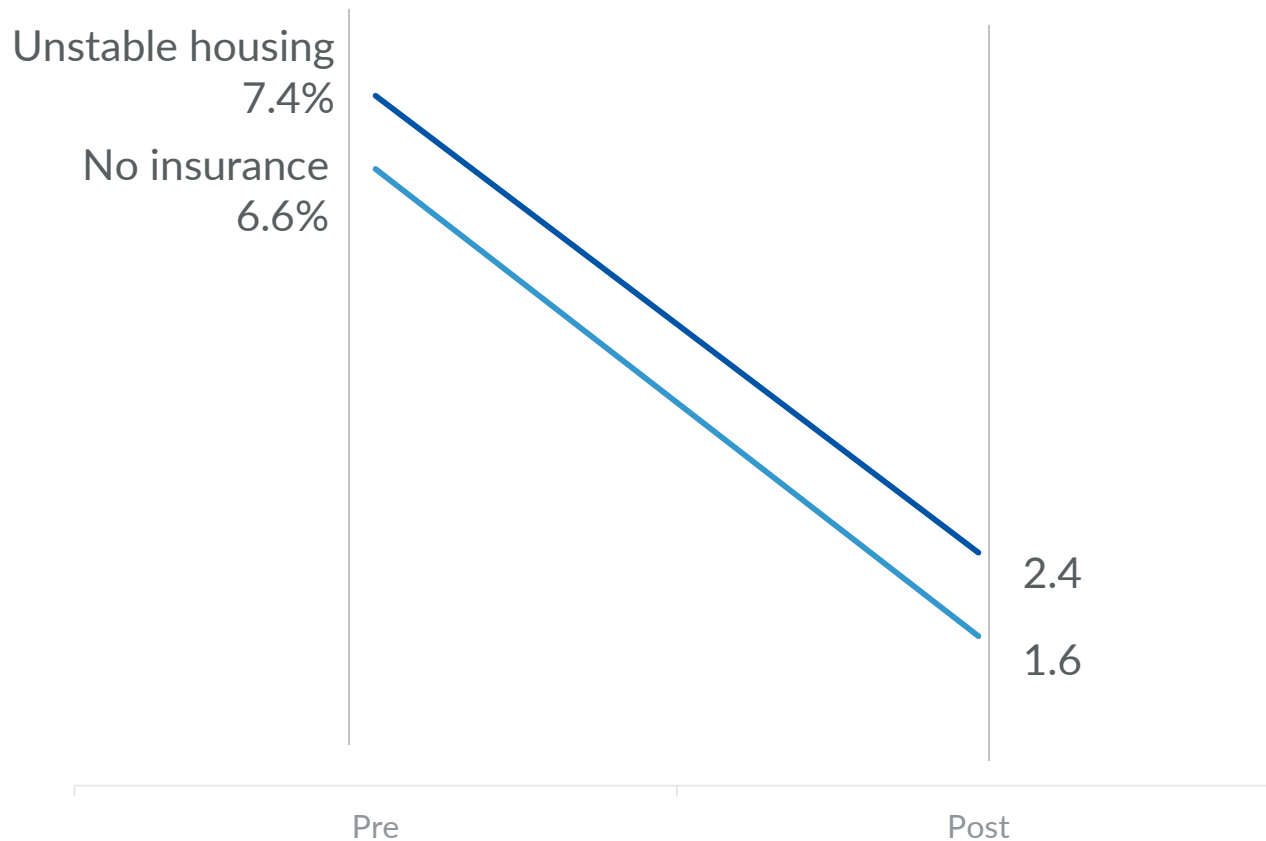


30%

Of clients
improved their
mobility

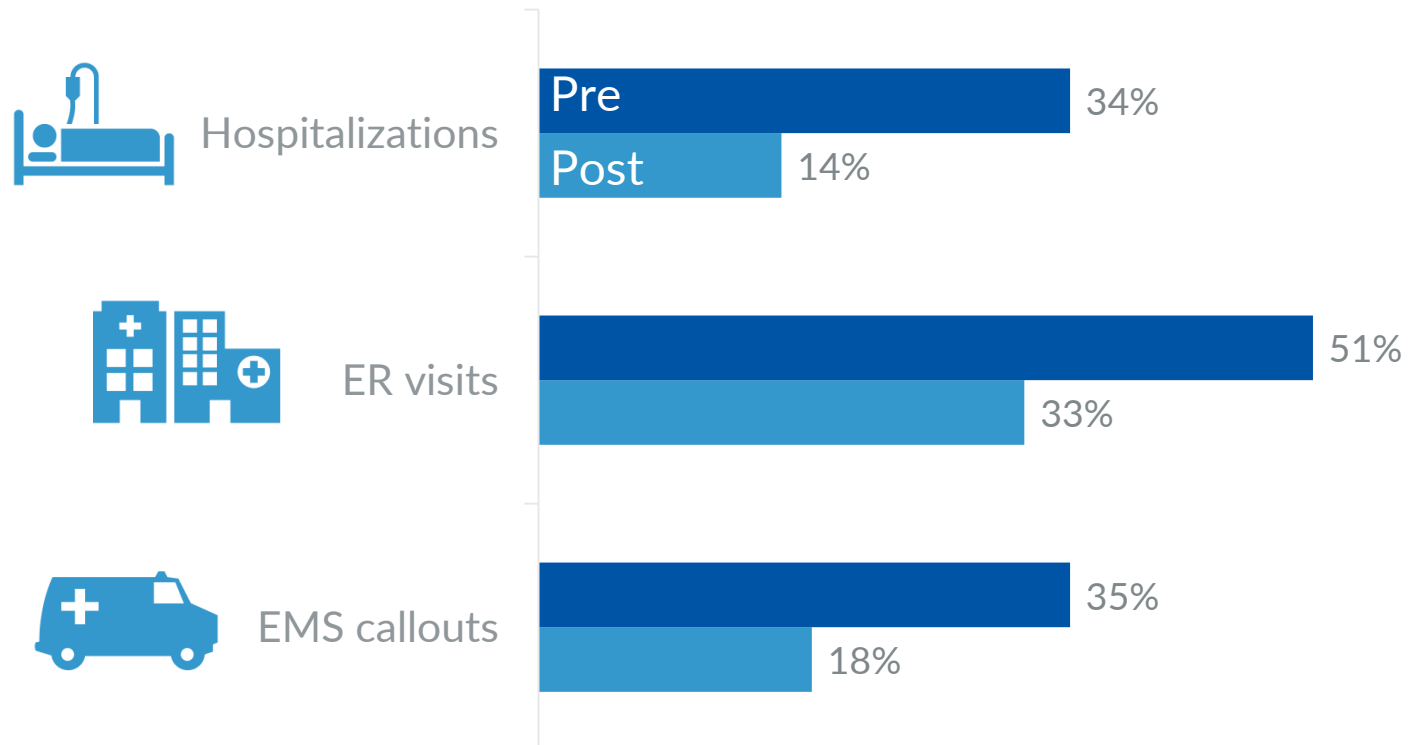
Aggregate Health Measures

The percentage of clients **without insurance and unstable housing** dropped after participation in the I-CAN program.



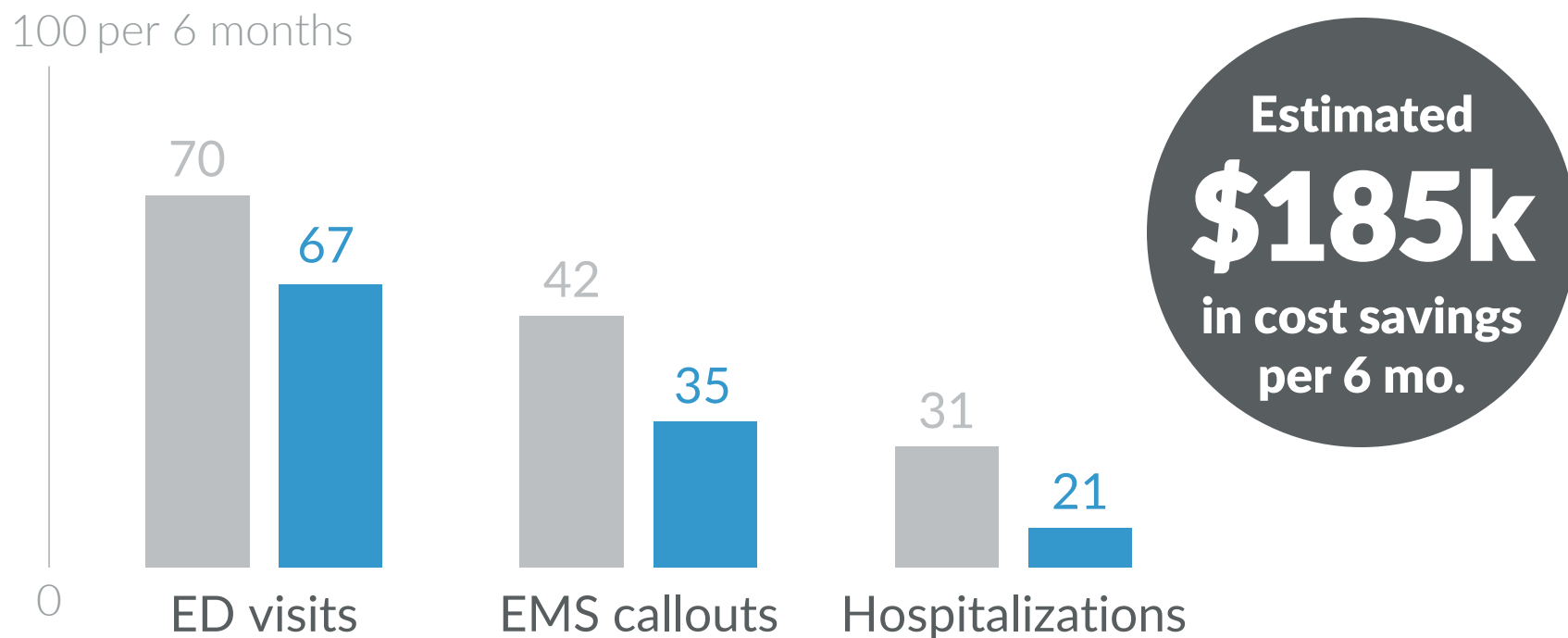
Reducing Resource Demand

Clients saw decreases in recent **hospitalizations**, **ER visits**, and **EMS callouts** after participating in the I-CAN program.



Reducing Resource Demand

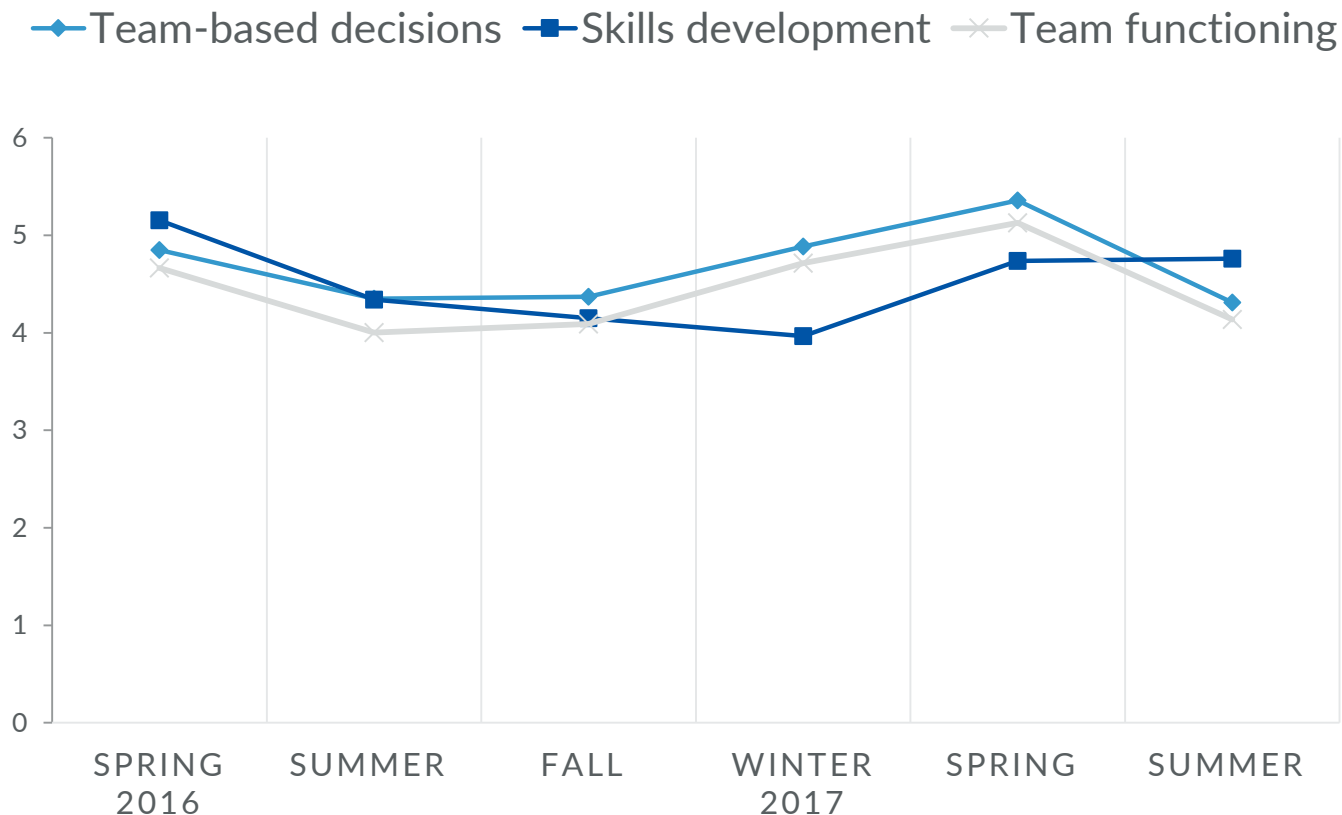
The rate of emergency and inpatient healthcare utilization decreased **after I-CAN participation**^{*}, compared to the rate prior to joining I-CAN, for 71 clients with pre/post data.



^{*}Rates adjusted and standardized for number of occurrences per 6 month period.

Student Learning

The I-CAN program has seen consistently high scores in student **team-based decision-making, skills development,** and team functioning.



Student Learning

“

I-CAN was an incredibly valuable experience for me as a future nurse. I learned more about myself and how to work as a team member than I ever imagined. I am beyond grateful for this opportunity and will value it as I move forward with my career.

”

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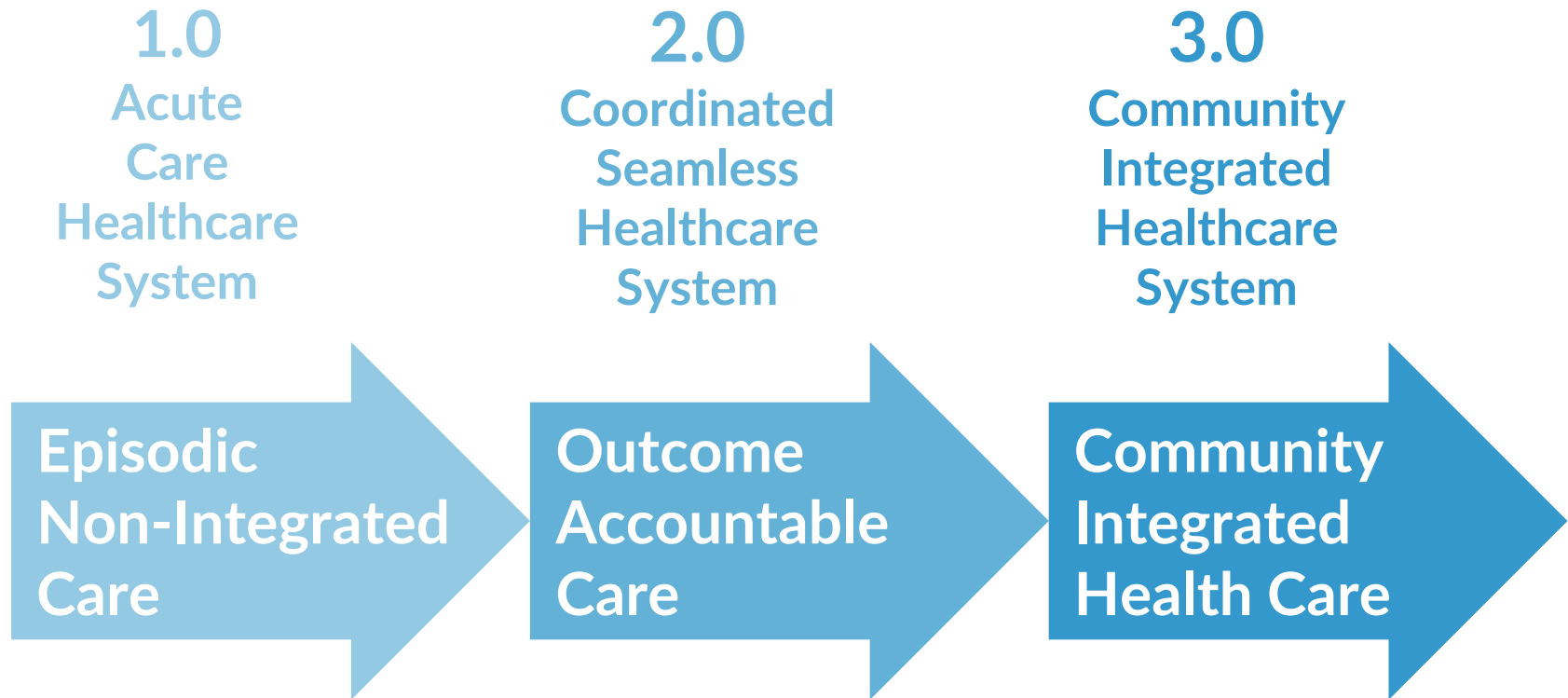
Questions and Discussion

Community Partners



Our community partners consider I-CAN a *valuable resource* for agencies working with complex clients that *extends the reach* of the agency, *engages clients* with health and social systems, and identifies and *addresses systems barriers* and population level problems.

Healthcare System Transformation



Source: Halfon, N., Long, P., Chang, D.I., Hester, J., Inkelas, M., & Rodgers, A. (2014). Applying a 3.0 transformation framework to large scale health system reform. *Health Affairs*, 313(11), 2003-2011.

Acknowledgements



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Carl in the Nexus

<https://nexusipe.org/engaging/learning-system/carl-nexus>

Acknowledgements



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Community Partners

Cascade Health Alliance, Klamath & Lake Community Action Services, Klamath Open Door, Sky Lakes Outpatient, Capitol Dental, Northwest Human Services, Polk County Family & Community Outreach, Polk County Health Department, Salem Health West Valley Hospital, Willamette Valley Community Health CCO, Home Forward, Maybelle Center, Neighborhood House, Housing with Services, Gresham Fire & Emergency Services, Reynolds School District-Alder Elementary, The Wallace Medical Concern, Asian Health & Service Center, Catholic Charities, Lutheran Community Services, Multnomah Mid-County Clinic, OHSU Richmond Clinic, AllCare Health, Family Nurturing Center, Head Start, La Clinica



Thank You

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