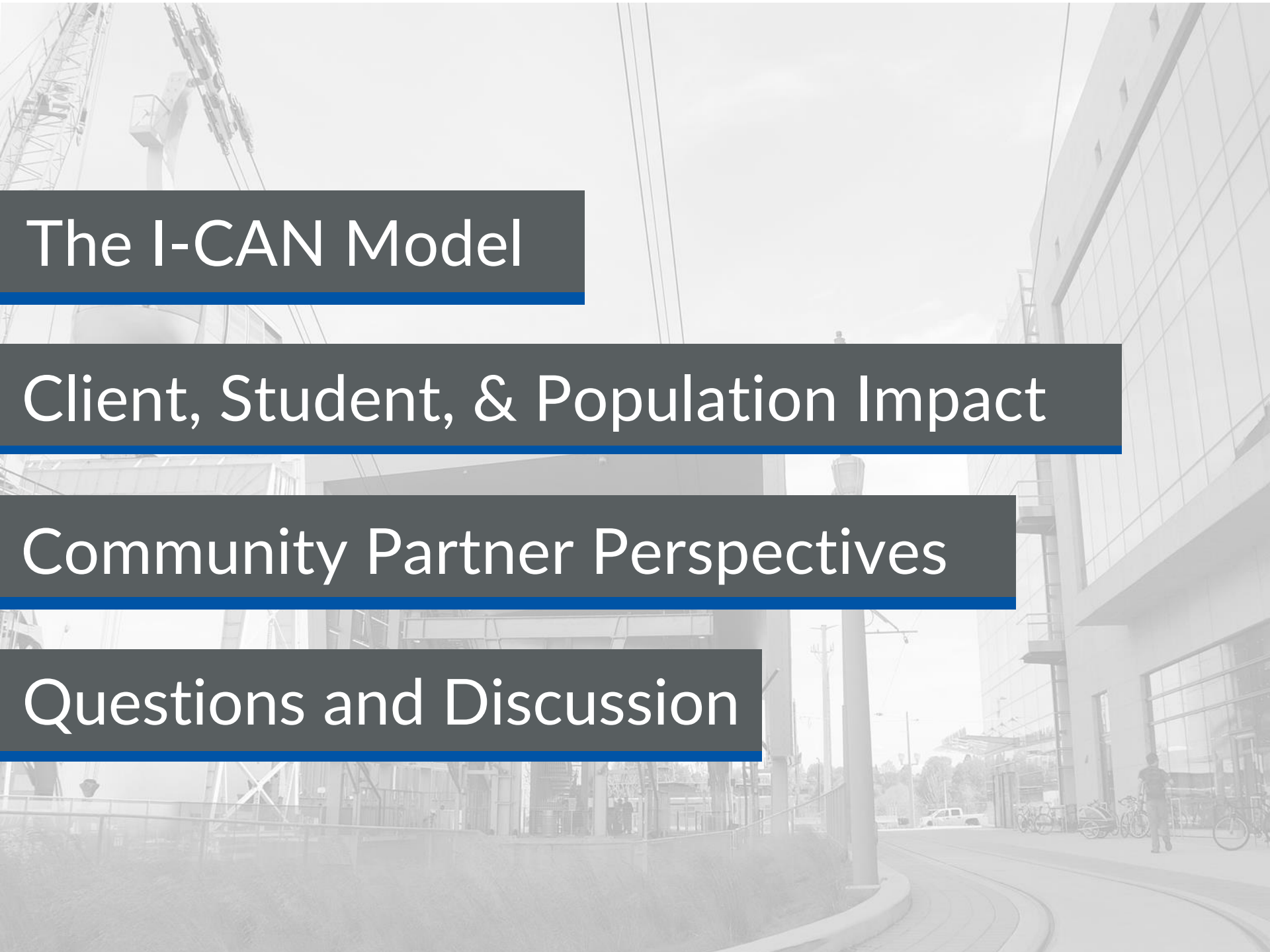
Interprofessional Care Access Network (I-CAN)

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


The I-CAN Model
Client, Student, & Population Impact
Community Partner Perspectives
Questions and Discussion

The I-CAN Model

Client, Student, & Population Impact

Community Partner Perspectives

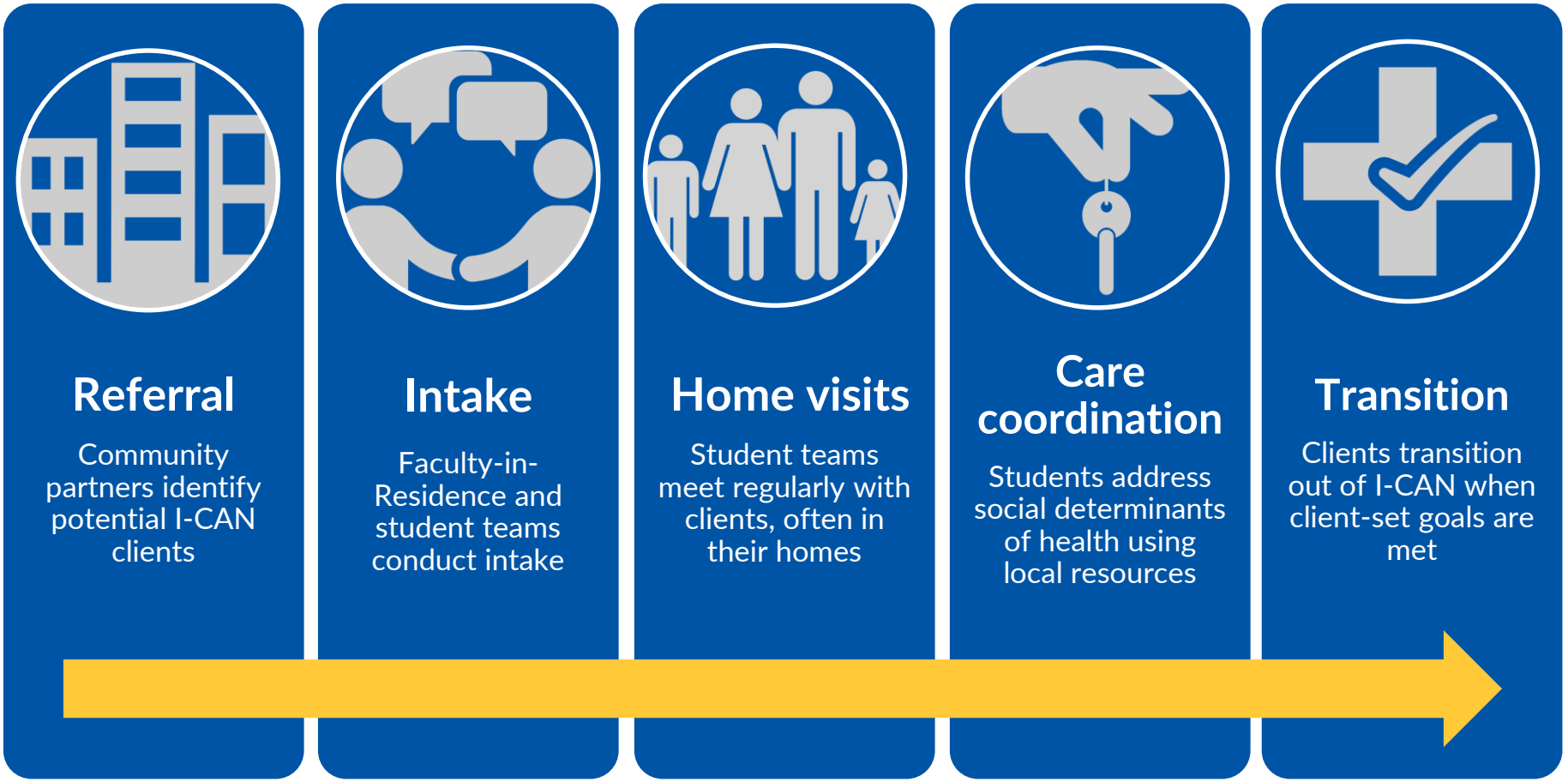
Questions and Discussion

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

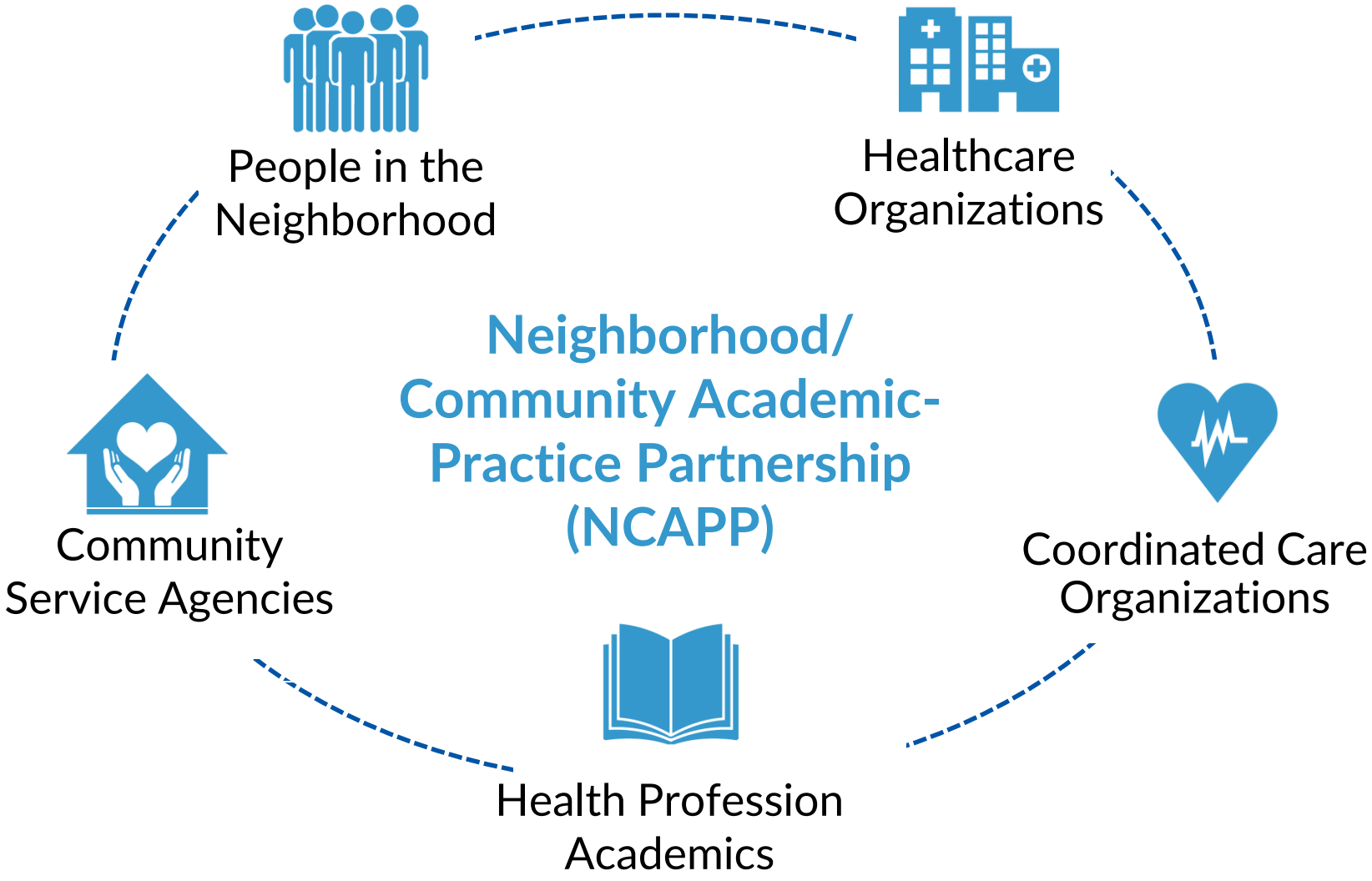
Core Elements of I-CAN

- 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

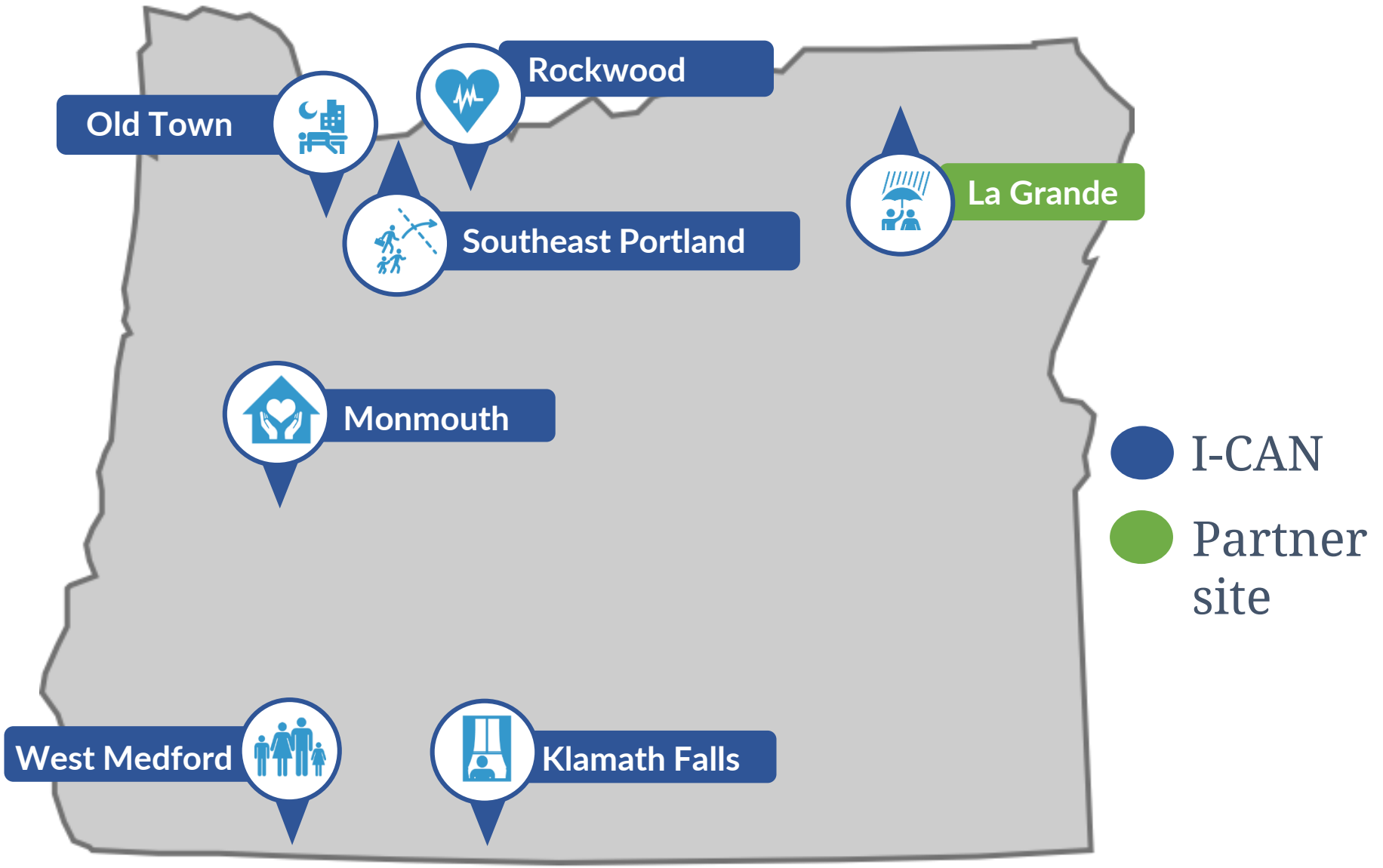
What can an I-CAN client expect?



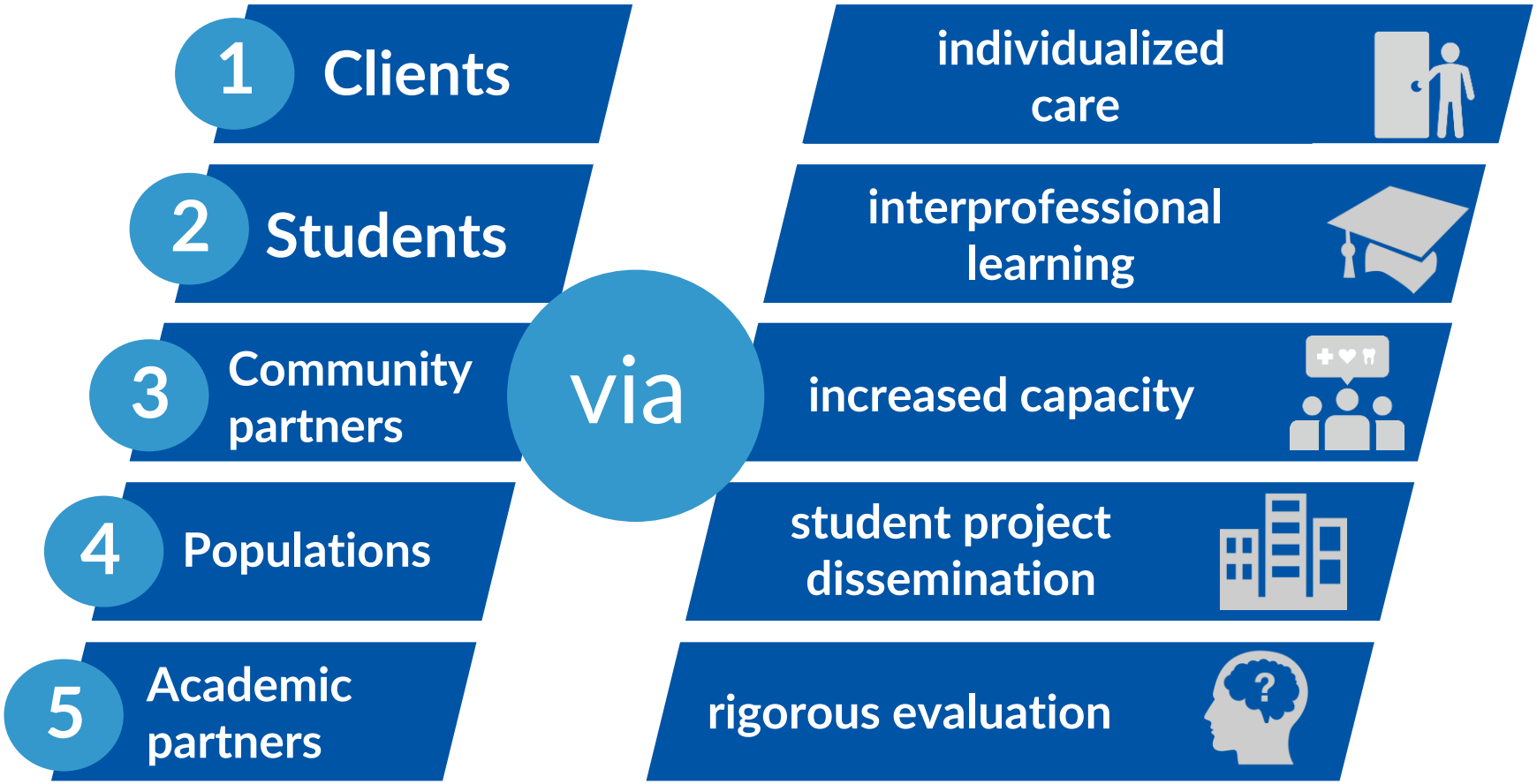
Community Partnership Networks



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:

United States, China, Mexico, Congo, Burma, Iraq, Myanmar, Afghanistan, Cuba, Ireland, Vietnam, Nepal, Somalia, Bhutan, Syria, Ukraine, Micronesia, Romania, Philippines

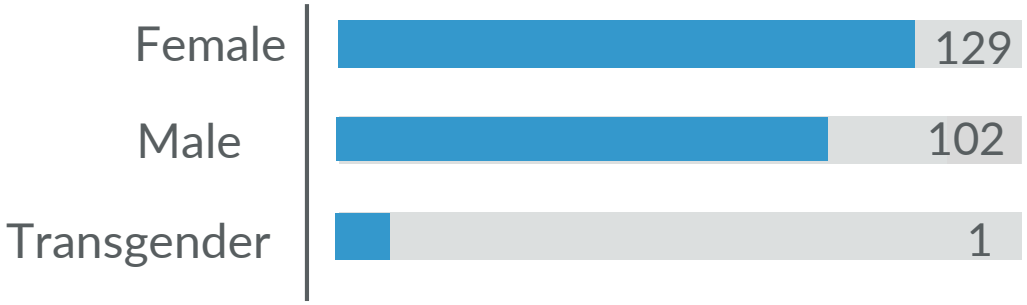
Speaking 19 languages:

English, Spanish, Karen, Chinese (Cantonese), Kinyarwanda, Arabic, Swahili, Nepali, Taishanese, Chinese (Mandarin), Vietnamese, Dari, Burmese, Somali, Russian, ASL ,Korean, Tigrinya

I-CAN clients

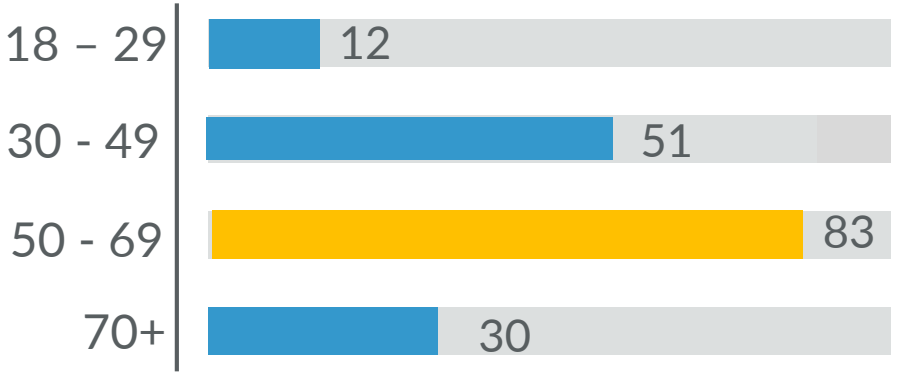
About half

of I-CAN clients are female



About half

of I-CAN clients are between the ages of 50-69



I-CAN clients

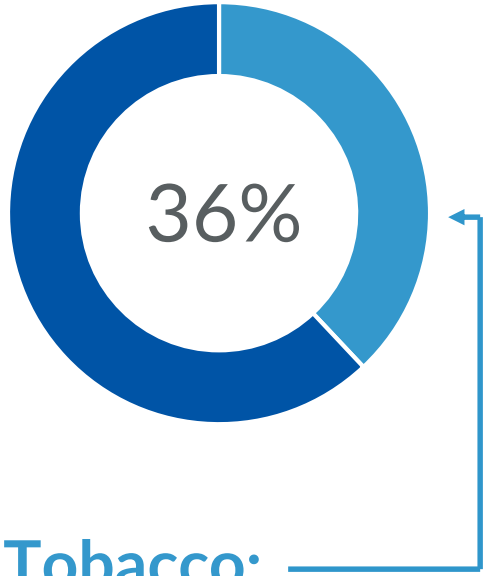
1 in 3 live alone

1 in 3 live with children

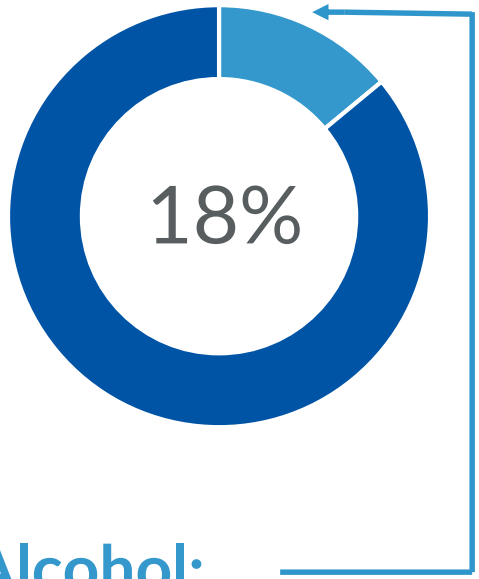
1 in 3 live with a partner/spouse

I-CAN clients

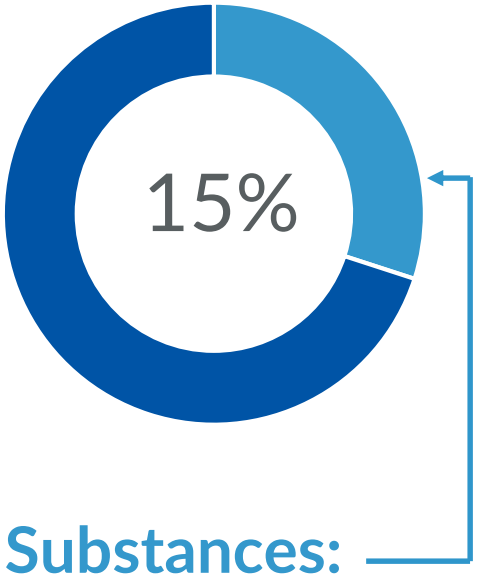
At intake…



Tobacco:
Clients report tobacco use



Alcohol:
Clients report alcohol use



Substances:
Clients report substance use

Referral: Partners Identify Clients

Healthcare Utilization

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

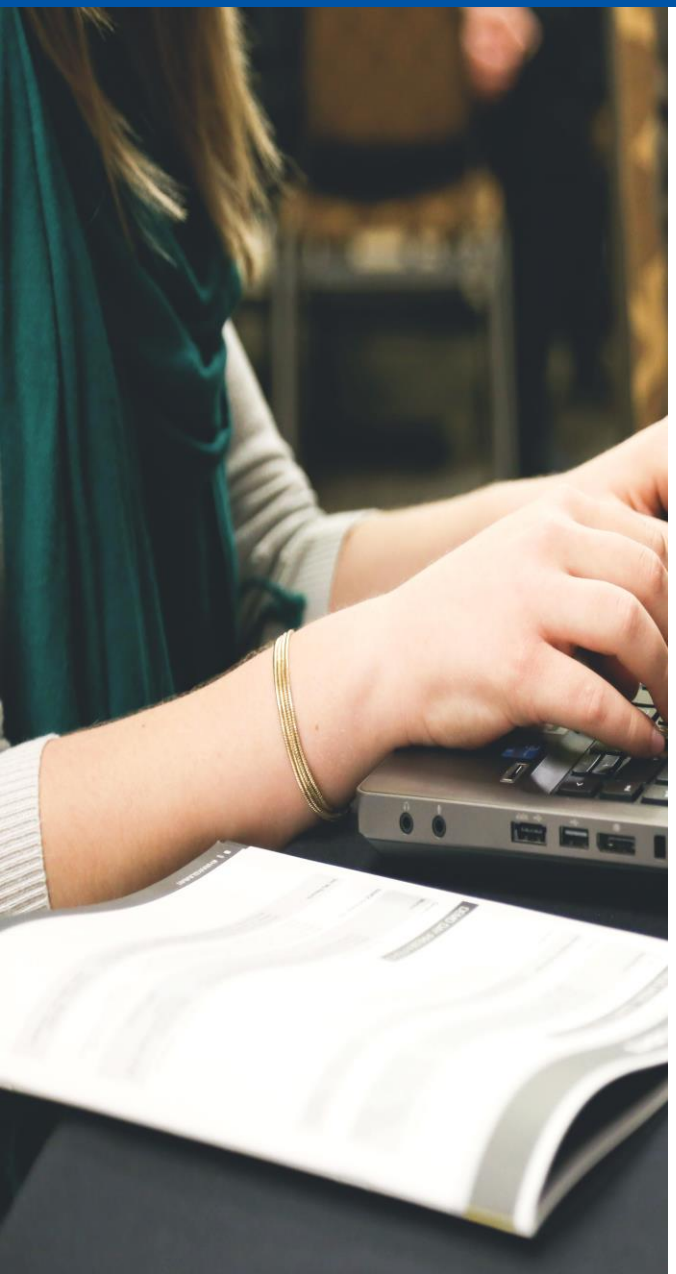
Social Determinants

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

Types of Students & Courses

Nursing
Chronic Illness, Population Health, & Leadership

Medicine
Family Medicine & Rural Health

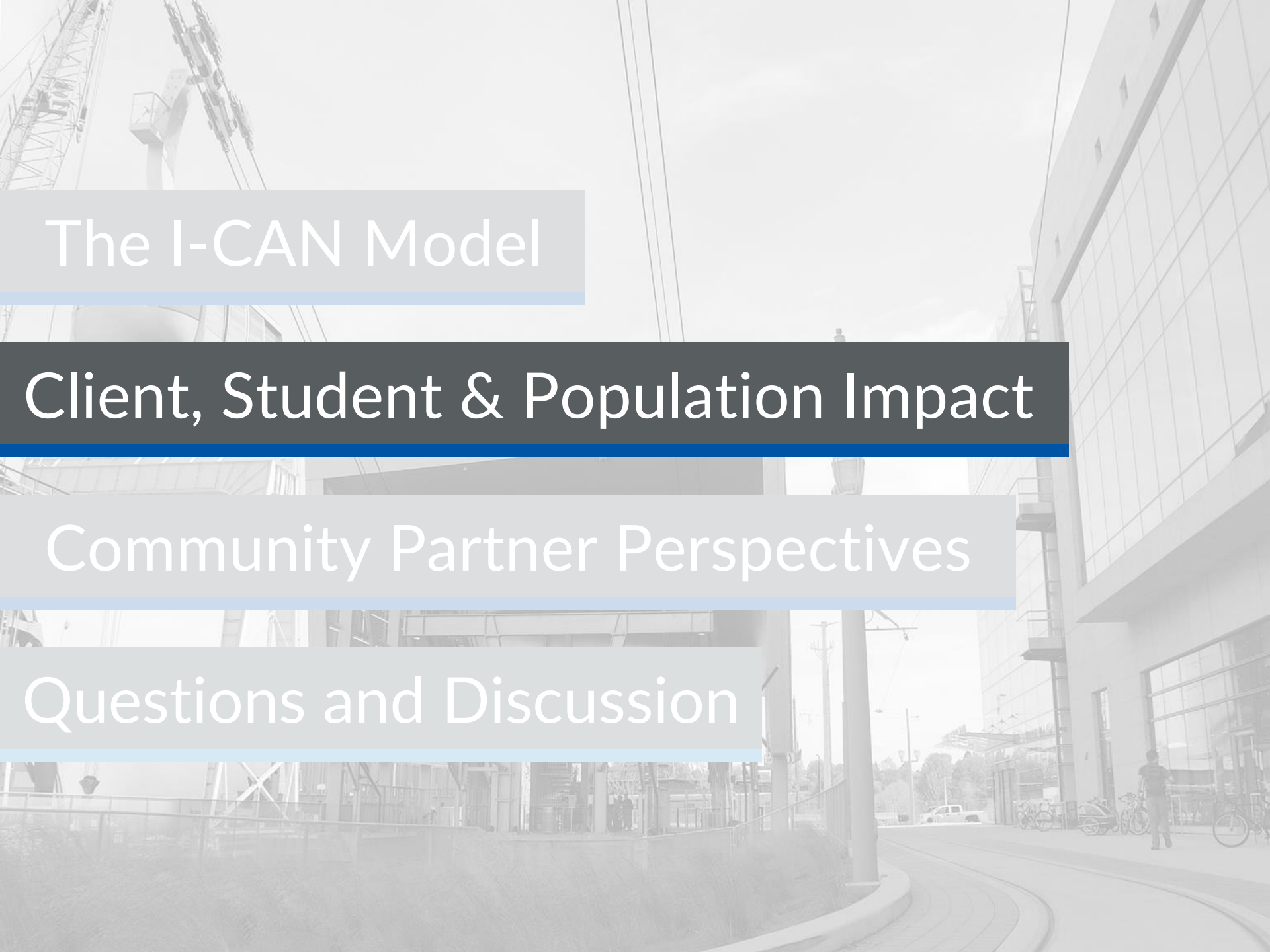
Physician Assistant
Clinical Projects and Placements

Nutrition & Dietetics
Community-Based Practice & Internship

Pharmacy
Transitional Clerkship

Dentistry
Community Dentistry

1420
students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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.**

I-CAN clients were…

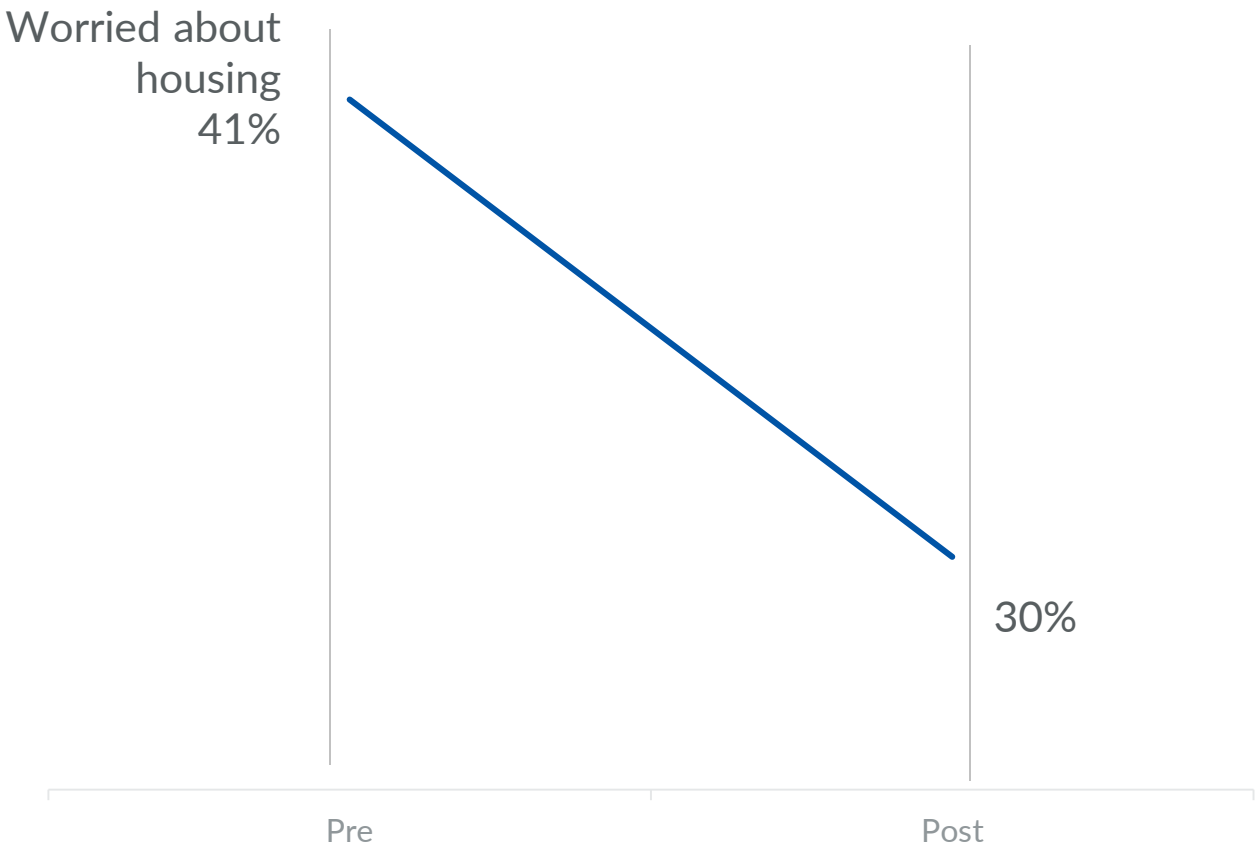
2.21 times more likely to be secure than insecure with regards to **medication literacy**

1.94 times more likely to be secure than insecure with regards to **housing**

1.85 times more likely to be secure than insecure with regards to **income**

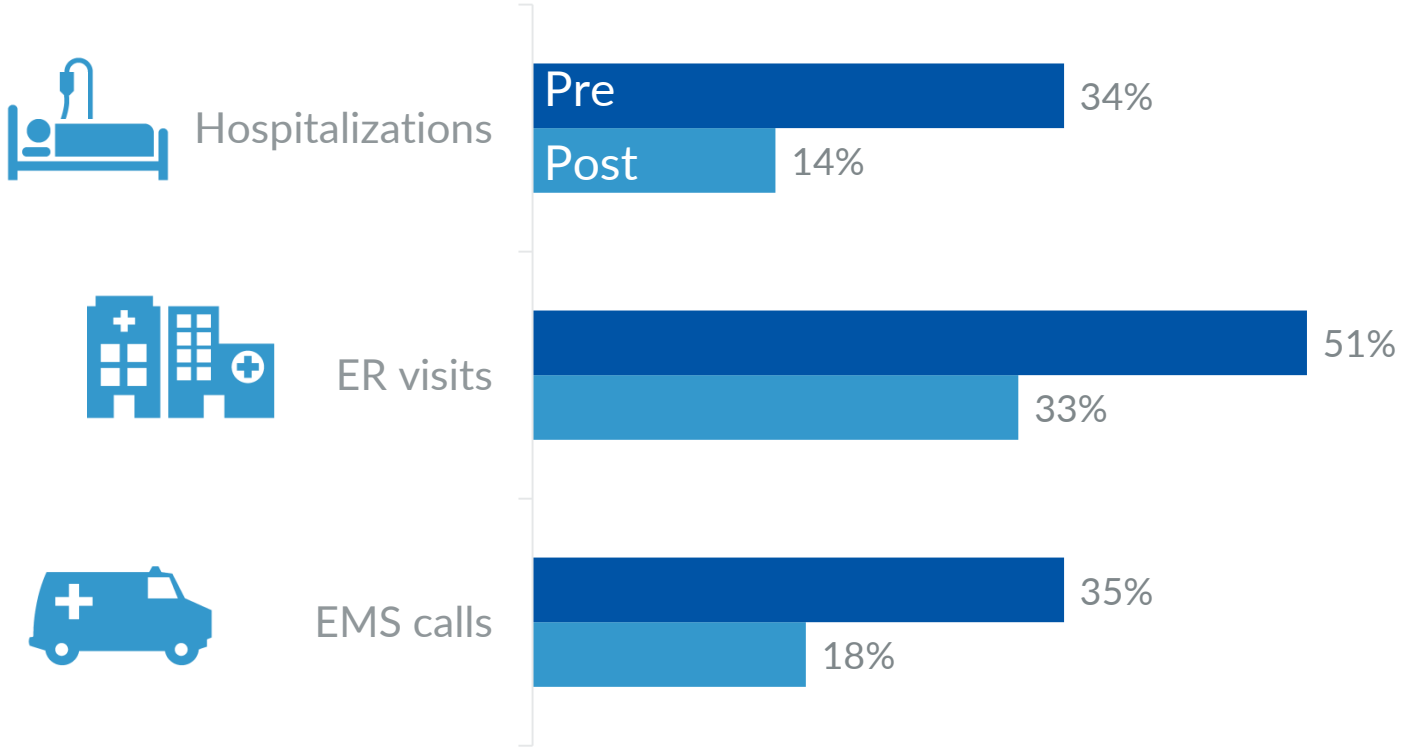
Aggregate Health Measures

The percentage of clients **worried about losing housing** dropped after participation in the I-CAN program.



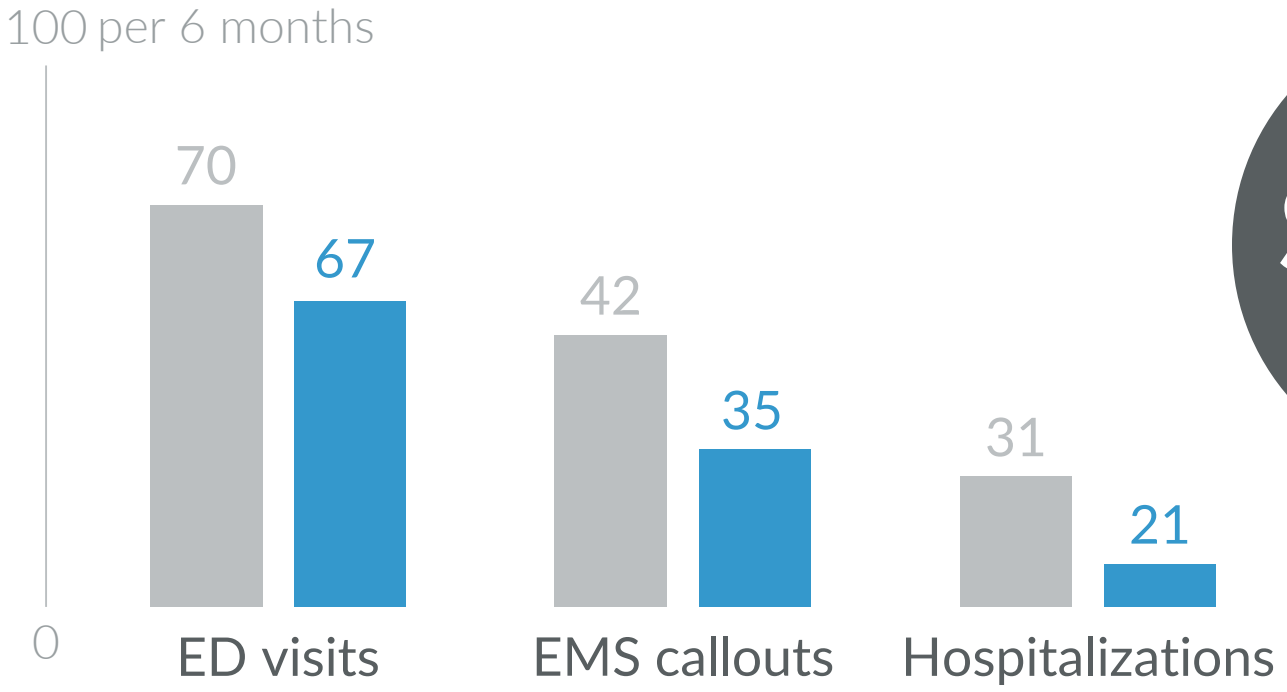
Reducing Resource Demand

Clients saw decreases in recent **hospitalizations, ER visits,** and **EMS calls** 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.

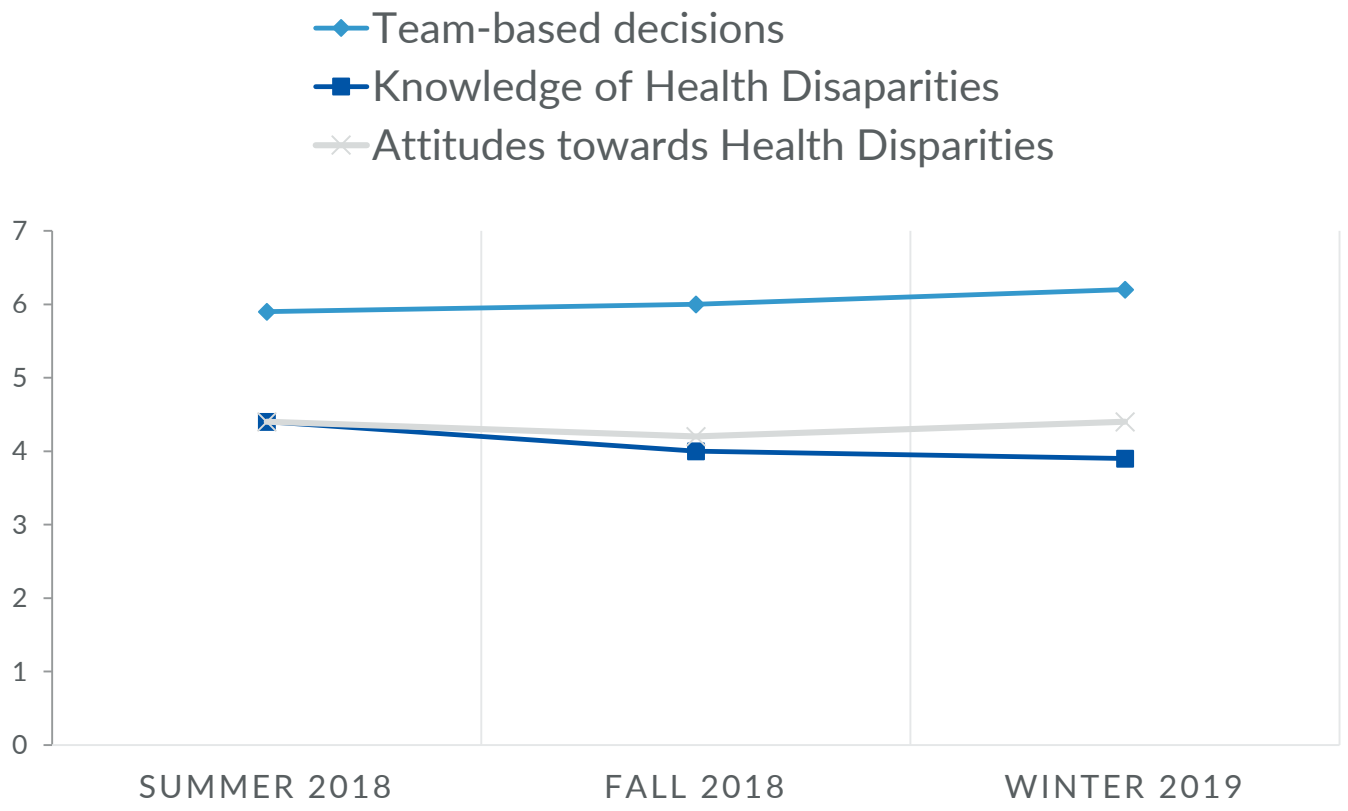


Estimated $185k in cost savings per 6 mo.

*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, knowledge of health disparities,** and **attitudes towards health disparities**.



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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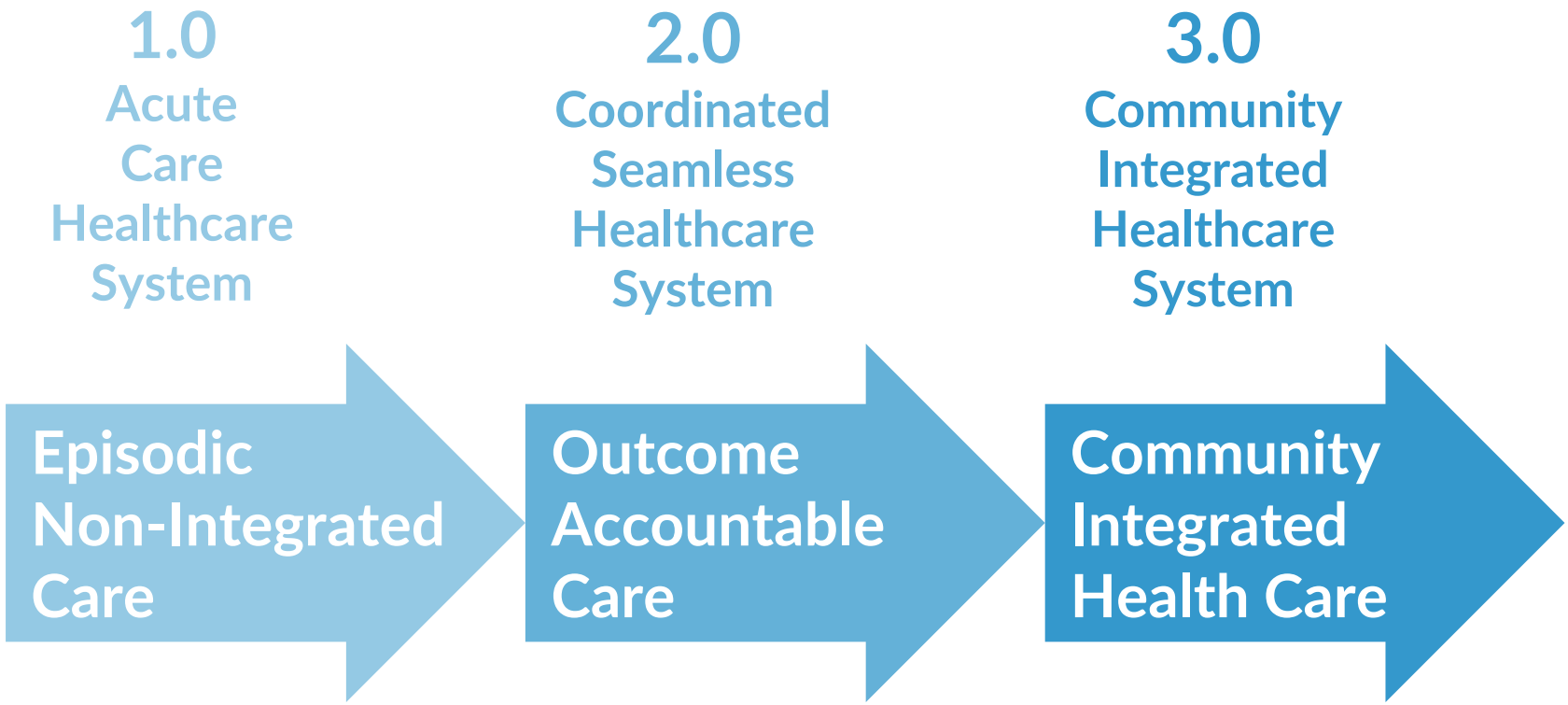
Community Partners

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.

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Carl in the Nexus

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

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Community Partners

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Thank You

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