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

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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?

**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

People in the Neighborhood

Healthcare Organizations

Coordinated Care Organizations

Community Service Agencies

Health Profession Academics

Neighborhood/Community Academic-Practice Partnership (NCAPP)
I-CAN and Partner Sites

- Old Town
- Rockwood
- Southeast Portland
- Monmouth
- La Grande
- West Medford
- Klamath Falls

I-CAN
Partner site
I-CAN Benefits...

1. Clients
2. Students
3. Community partners
4. Populations
5. Academic partners

via

individualized care
interprofessional learning
increased capacity
student project dissemination
rigorous evaluation
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
About half of I-CAN clients are female

<table>
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<th>Gender</th>
<th>Count</th>
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<tbody>
<tr>
<td>Female</td>
<td>129</td>
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<tr>
<td>Male</td>
<td>102</td>
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<tr>
<td>Transgender</td>
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About half of I-CAN clients are between the ages of 50-69

<table>
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<tbody>
<tr>
<td>18 - 29</td>
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<tr>
<td>30 - 49</td>
<td>51</td>
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<tr>
<td>50 - 69</td>
<td>83</td>
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<tr>
<td>70+</td>
<td>30</td>
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</table>
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
- 36%

**Alcohol:**
Clients report alcohol use
- 18%

**Substances:**
Clients report substance use
- 15%
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
The I-CAN Model

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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.
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
The percentage of clients worried about losing housing dropped after participation in the I-CAN program.
Clients saw decreases in recent **hospitalizations, ER visits, and EMS calls** after participating in the I-CAN program.
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.

Reducing Resource Demand

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

Estimated $185k in cost savings per 6 mo.

*ED visits

*EMS callouts

*Hospitalizations

0 100 per 6 months
The I-CAN program has seen consistently high scores in student team-based decision-making, knowledge of health disparities, and attitudes towards health disparities.
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
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

1.0 Acute Care Healthcare System

2.0 Coordinated Seamless Healthcare System

3.0 Community Integrated Healthcare System

Episodic Non-Integrated Care → Outcome Accountable Care → Community Integrated Health Care

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Carl in the Nexus
https://nexusipe.org/engaging/learning-system/carl-nexus
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Thank You

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