Interprofessional Care Access Network (I-CAN)

Peggy Wros, Heather Voss, Katherine Bradley, Brenna Park-Egan
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

Community Service Agencies

Healthcare Organizations

Coordinated Care Organizations

Health Profession Academics

Neighborhood/Community Academic-Practice Partnership (NCAPP)
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, experiencing poverty, and facing multiple chronic conditions.
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, El Salvador, Eritrea

Speaking 20 languages:
English, Spanish, Karen, Chinese (Cantonese), Kinyarwanda, Arabic, Swahili, Nepali, Taishanese, Chinese (Mandarin), Vietnamese, Dari, Burmese, Somali, Russian, ASL, Korean, Tigrinya, Armenian, Pashtu
I-CAN clients

Over 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>162</td>
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<tr>
<td>Male</td>
<td>135</td>
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<tr>
<td>Transgender</td>
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Almost half of I-CAN clients are between the ages of 50-69

<table>
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<th>Age Range</th>
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<tbody>
<tr>
<td>18 - 29</td>
<td>10</td>
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<tr>
<td>30 - 49</td>
<td>80</td>
</tr>
<tr>
<td>50 - 69</td>
<td>120</td>
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<tr>
<td>70+</td>
<td>47</td>
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</tbody>
</table>
I-CAN clients

1 in 3 live alone
1 in 3 live with children
1 in 3 live with a partner/spouse
At intake...

**Tobacco:** Clients report tobacco use
- 31%

**Alcohol:** Clients report alcohol and/or marijuana use
- 18%

**Substances:** Clients report other substance use
- 3%
Social determinants influence 50% of health outcomes

- Financial Stability
- Transportation
- Food Security
- Stable Housing
- Education
- Community and Social Context
- Health and Healthcare

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
Parent(s) experiencing developmental disabilities
Signs of child negligence
Healthcare Utilization in the Past 6 Months
- Primary care
- 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

1,896 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... After 14 weeks in I-CAN, clients were...

1.78 times more likely to be secure with regard to medication management

2.07 times more likely to be secure with regard to housing

1.95 times more likely to be secure with regard to food.
The percentage of clients worried about losing housing dropped after participation in the I-CAN program.
Clients saw decreases in the number of recent hospitalizations, ER visits, and EMS callouts after participating in the I-CAN program.
The I-CAN program has seen consistently high scores in student team-based decision-making, attitudes toward health disparities, and knowledge of 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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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.
1.0 Acute Care Healthcare System

Episodic Non-Integrated Care

2.0 Coordinated Seamless Healthcare System

Outcome Accountable Care

3.0 Community Integrated Healthcare System

Community Integrated Health Care

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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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