



Interprofessional Care Access Network (I-CAN)

Kari Firestone, Heather Voss, Brenna Park-Egan

The background of the slide is a grayscale photograph of a modern urban environment. On the right, a tall, multi-story building with a glass facade rises. On the left, construction cranes are visible against a cloudy sky. In the foreground, a curved walkway or ramp leads towards the building, with some greenery and a person walking in the distance.

The I-CAN Model

Client, Student, & Population Impact

Community Partner Perspectives

Questions and Discussion

The background of the slide is a grayscale photograph of a modern urban environment. On the right, a tall, multi-story building with a grid-like facade of windows and balconies rises. To the left, construction cranes are visible against a cloudy sky. In the foreground, a curved concrete walkway leads towards the building, with some greenery and a person walking in the distance. The text is overlaid on this image in white, with each line of text contained within a semi-transparent gray rectangular box.

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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

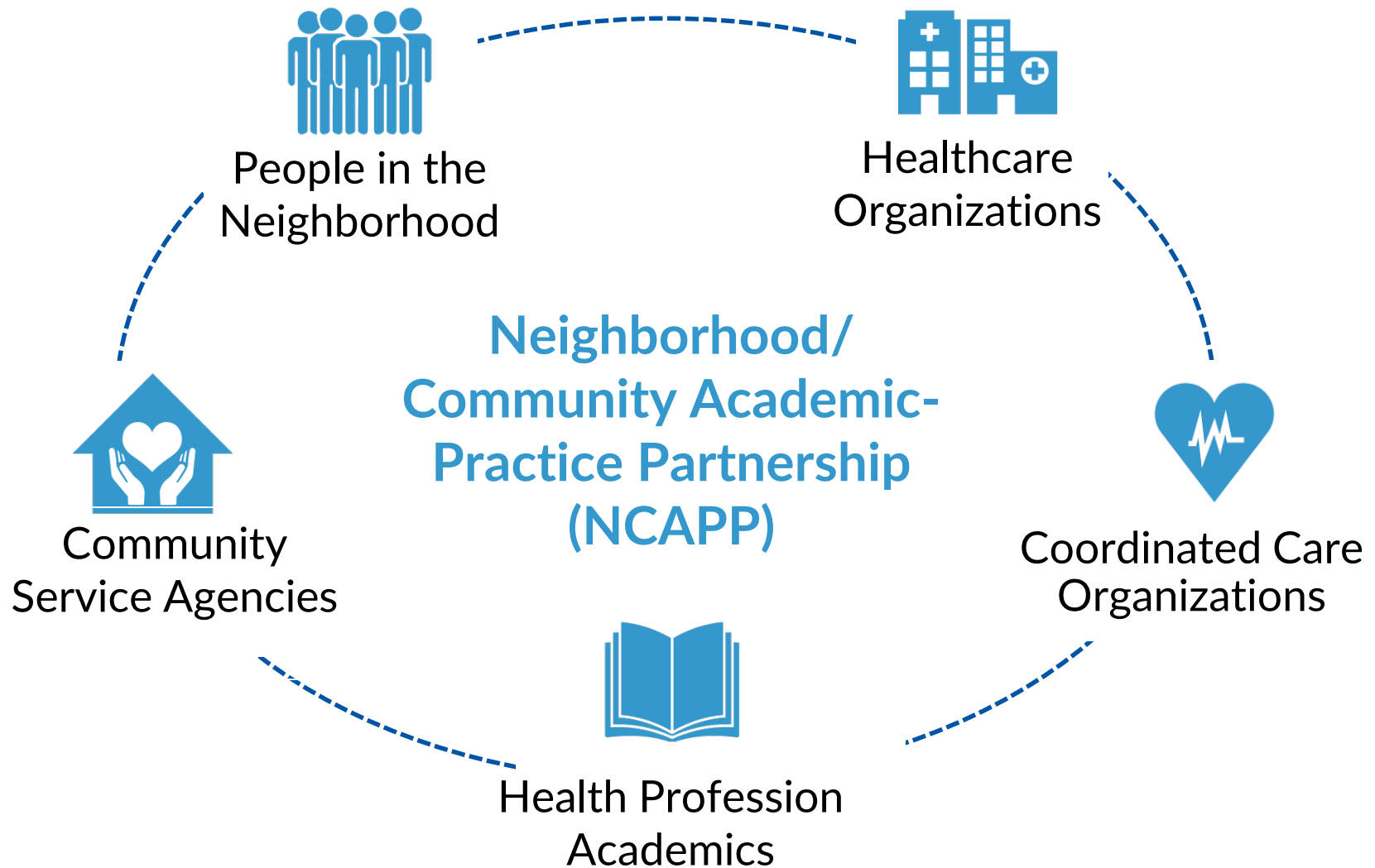


Transition

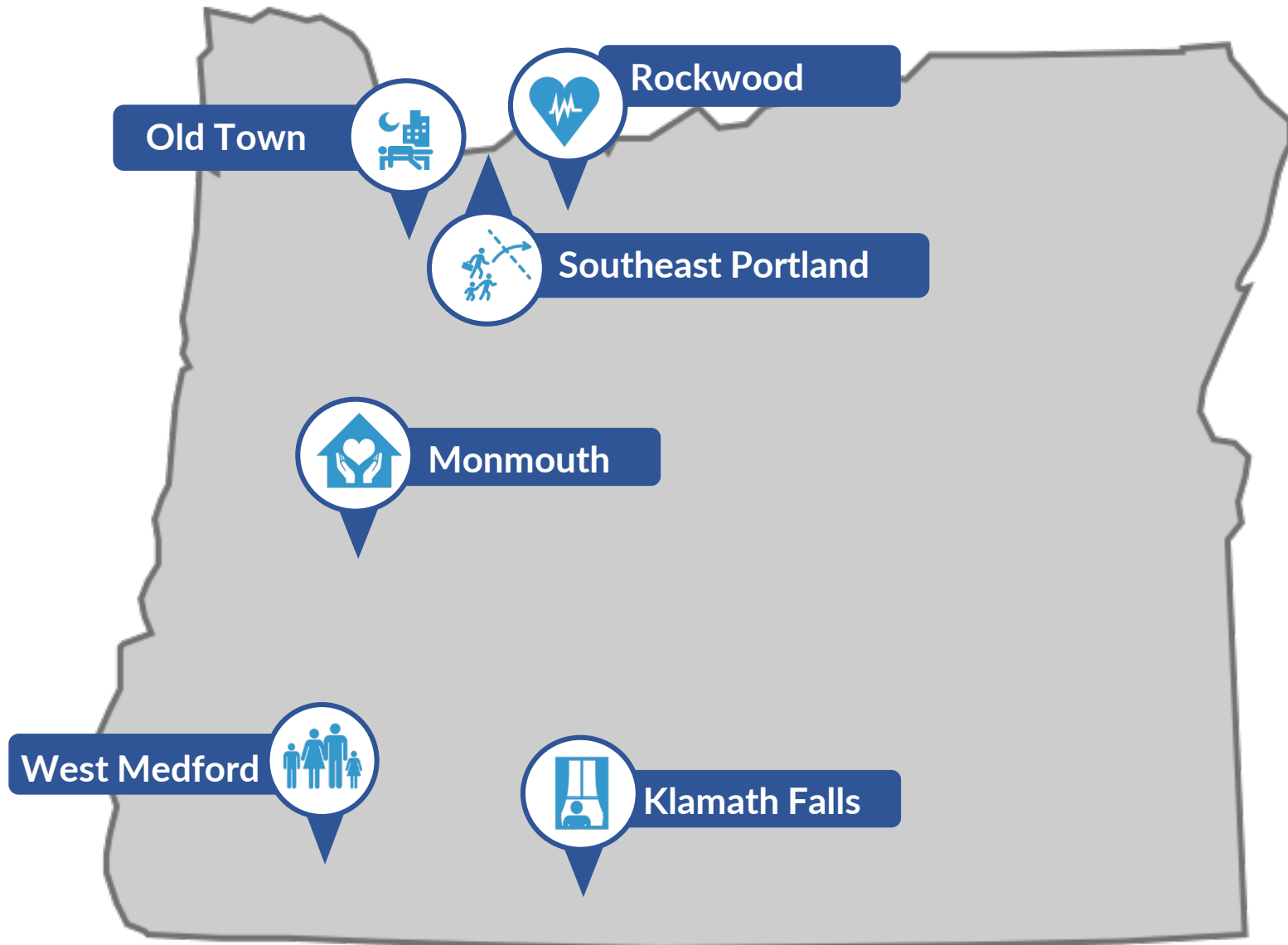
Clients transition out of I-CAN when client-set goals are met



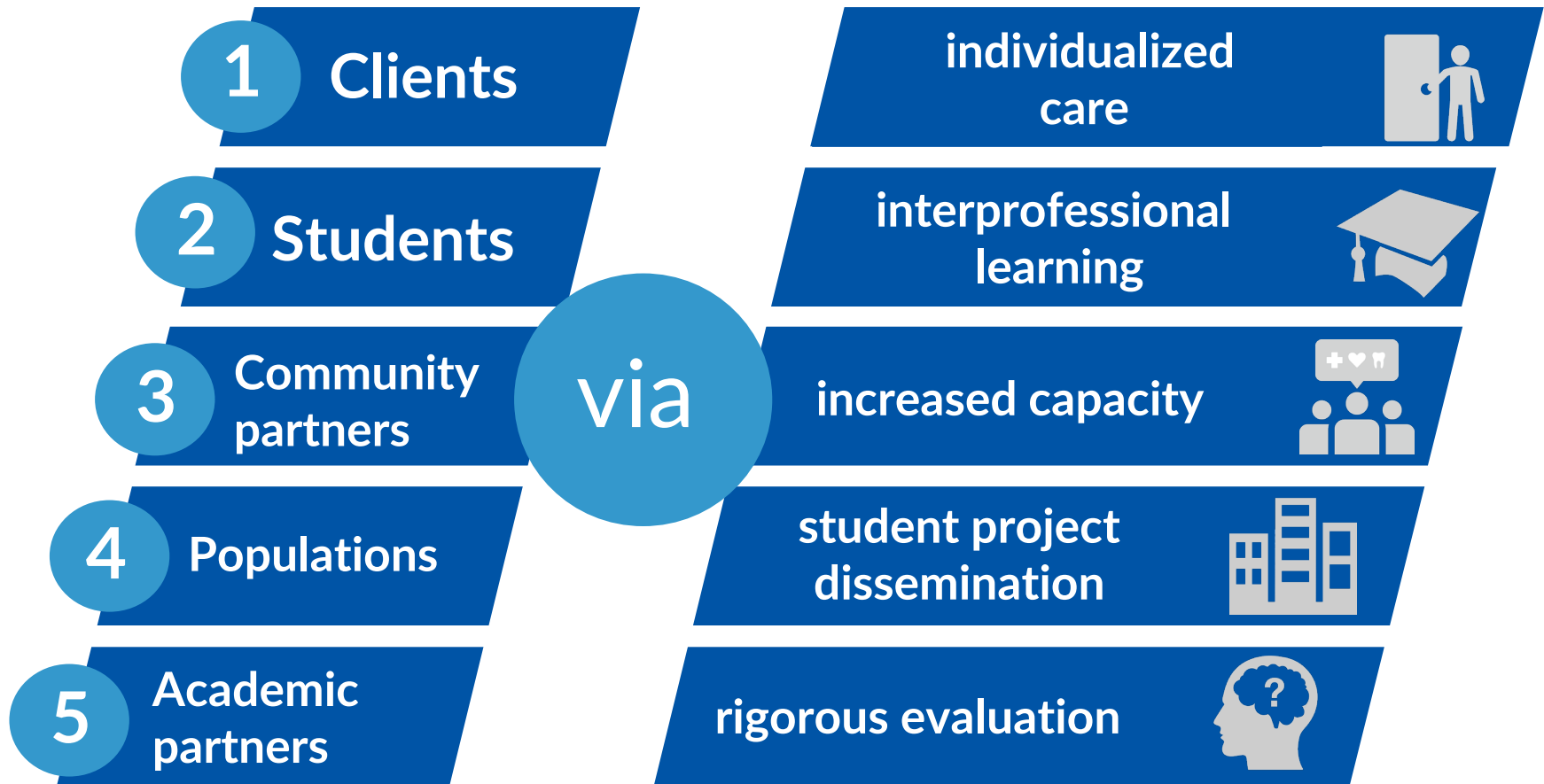
Community Partnership Networks



I-CAN Sites



I-CAN Benefits...



I-CAN clients

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



896
Clients

I-CAN clients



Clients from all over the world:

Afghanistan, Bhutan, Burundi, China, Congo, Cuba, Egypt, El Salvador, England, Eritrea, Ethiopia, Germany, Haiti, Honduras, Iraq, Ireland, Mexico, Micronesia, Myanmar, Nepal, Philippines, Romania, Russia, Somalia, Syria, Tanzania, Ukraine, United States, Vietnam



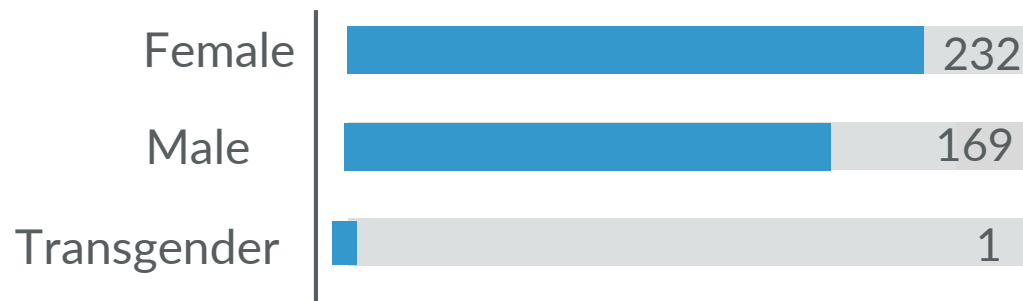
Speaking 23 languages:

Arabic, Armenian, American Sign Language, Burmese, Cantonese, Mandarin, Chuukese, Dari, English, Farsi, German, Karen, Kinyarwanda, Korean, Nepali, Pashtu, Russian, Somali, Spanish, Swahili, Taishanese, Tigrinya, Vietnamese

I-CAN clients

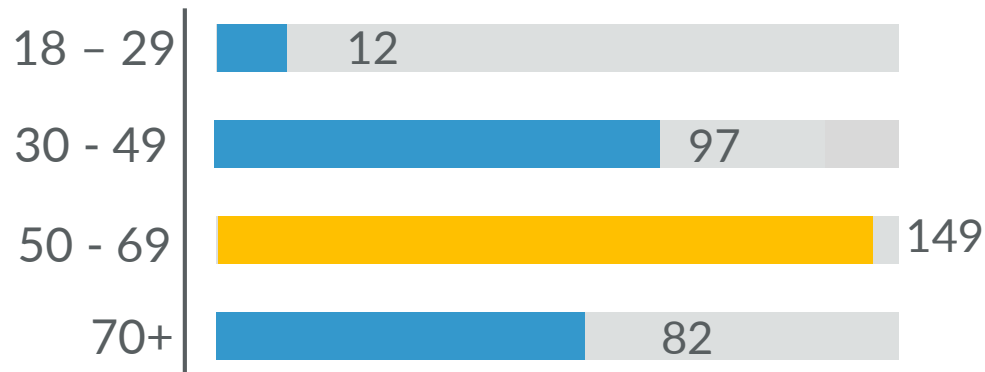
Over half

of I-CAN clients are female



Almost half

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



I-CAN clients



1 in 3 live
alone



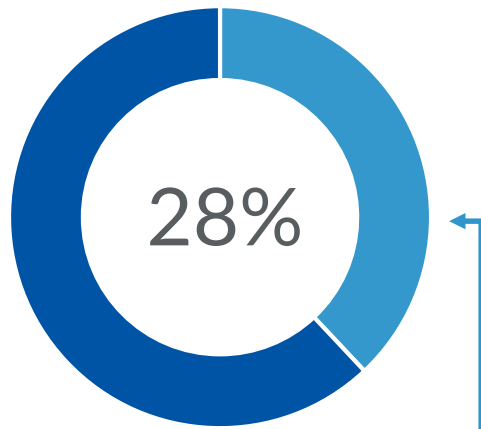
1 in 3 live with
children



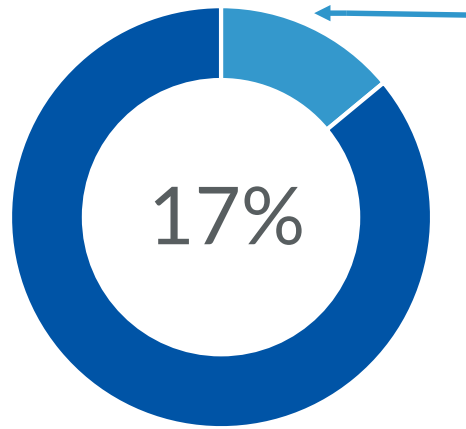
1 in 3 live with a
partner/spouse

I-CAN clients

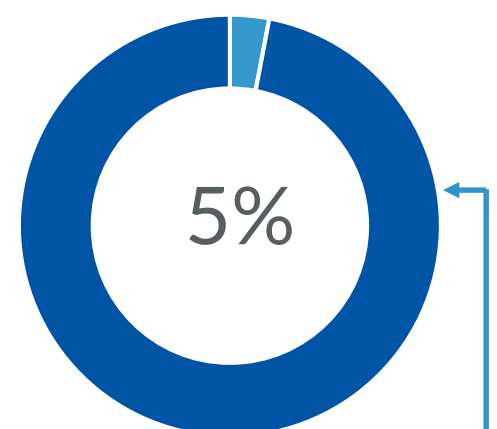
At intake...



Tobacco:
Clients report tobacco use



Alcohol:
Clients report alcohol and/or marijuana use

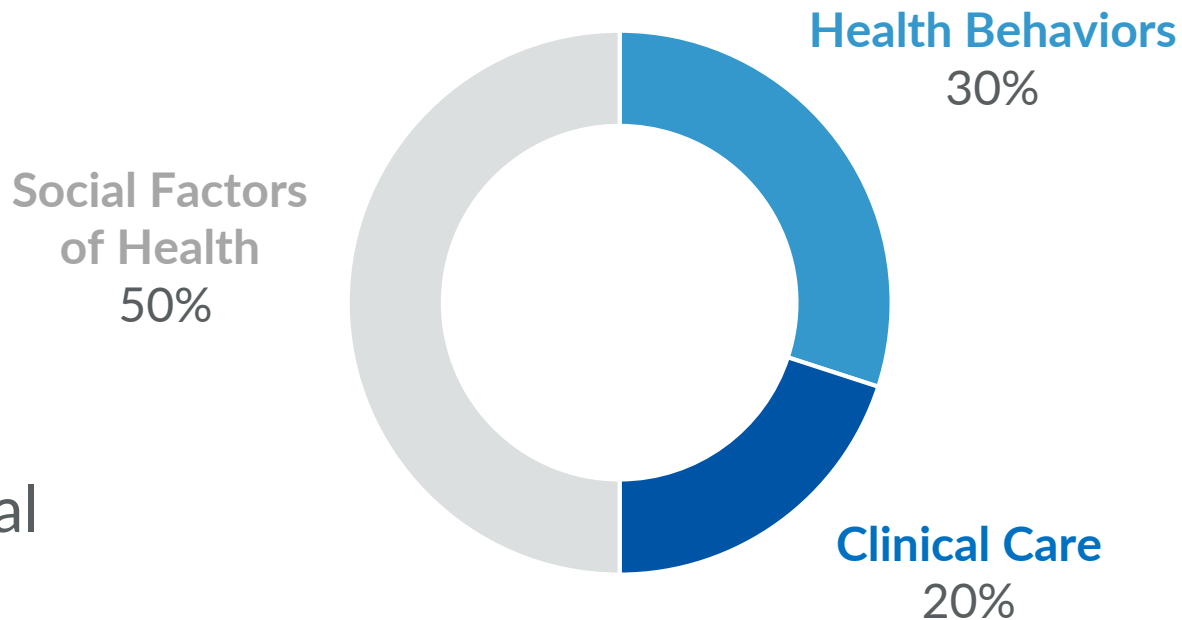


Substances:
Clients report other substance use



Social factors influence 50% of health outcomes

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



Source: "Infographic: Addressing Social Determinants of Health Can Improve Community Health & Reduce Costs." National Institute for Healthcare Management Foundation. 2019.

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



Intake: Students Conduct Assessment



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

Over
2000
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

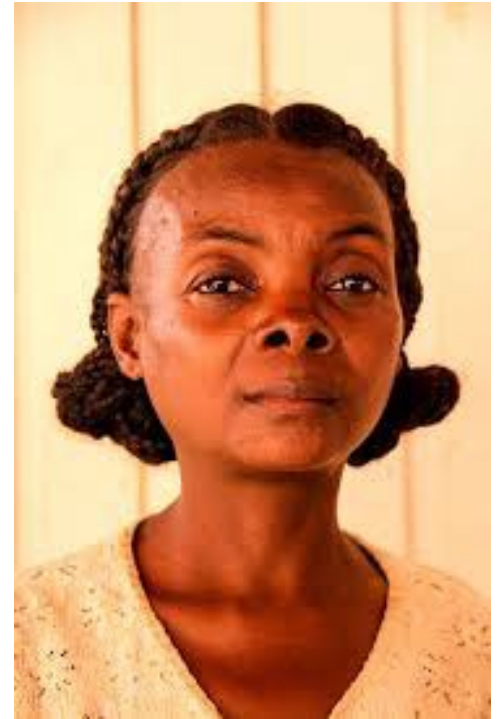
Reinstated lapsed healthcare insurance

Referred one child for urgent dental care

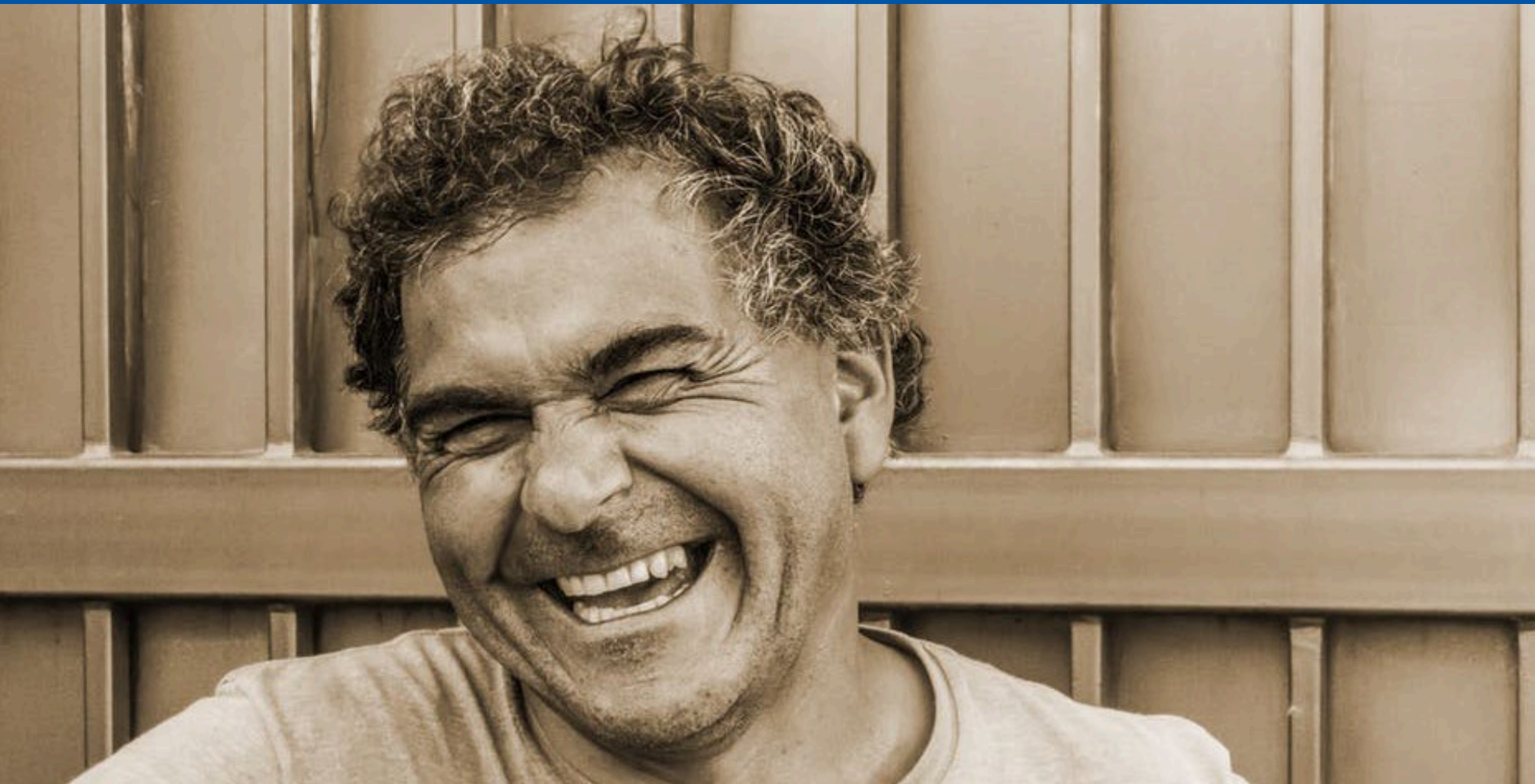
Turned off smoke alarm

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...

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



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



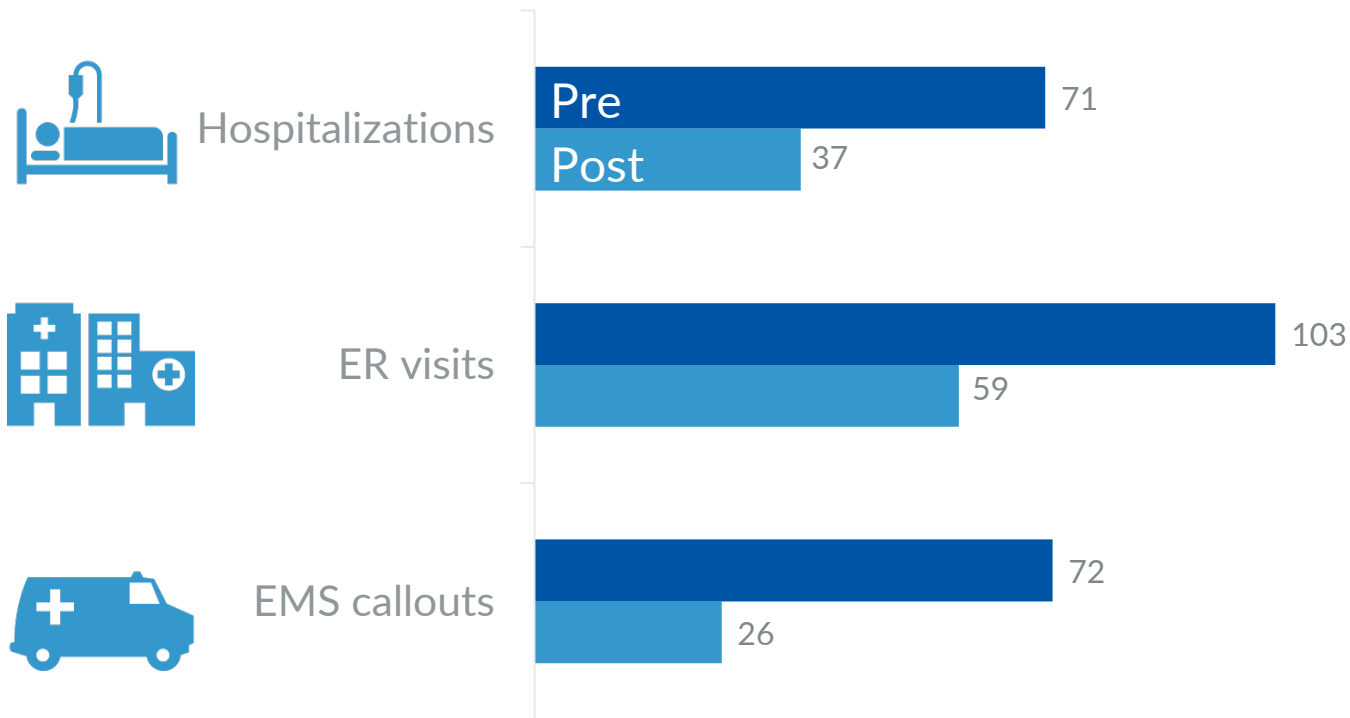
2.07 times more likely to be secure with regard to **housing**



1.95 times more likely to be secure with regard to **food**.

Aggregate Health Measures

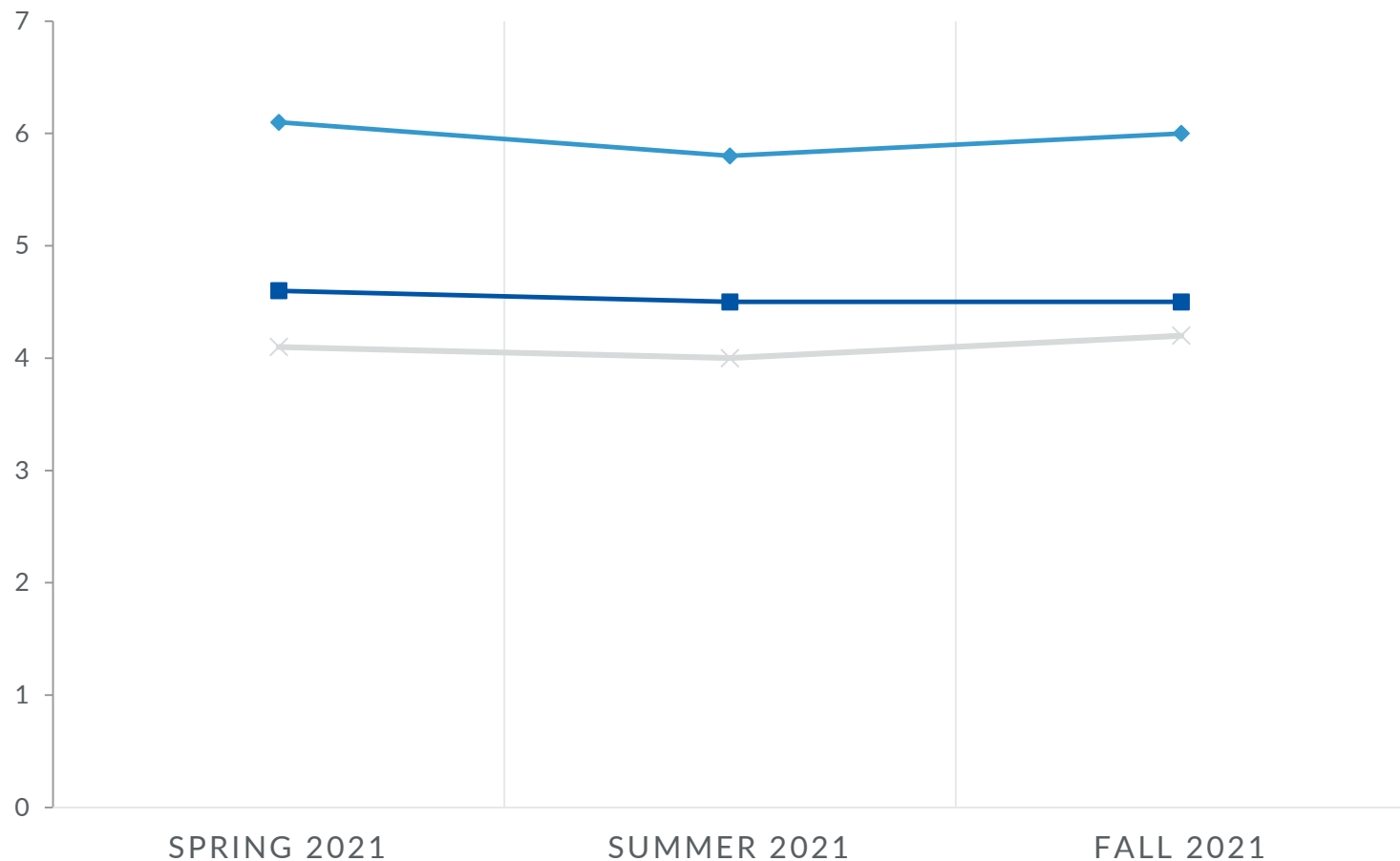
Clients saw decreases in the number of recent **hospitalizations, ER visits,** and **EMS callouts** after participating in the I-CAN program.





Student Learning

The I-CAN program has seen consistently high scores in student **team-based decision-making, attitudes toward health disparities,** and knowledge of 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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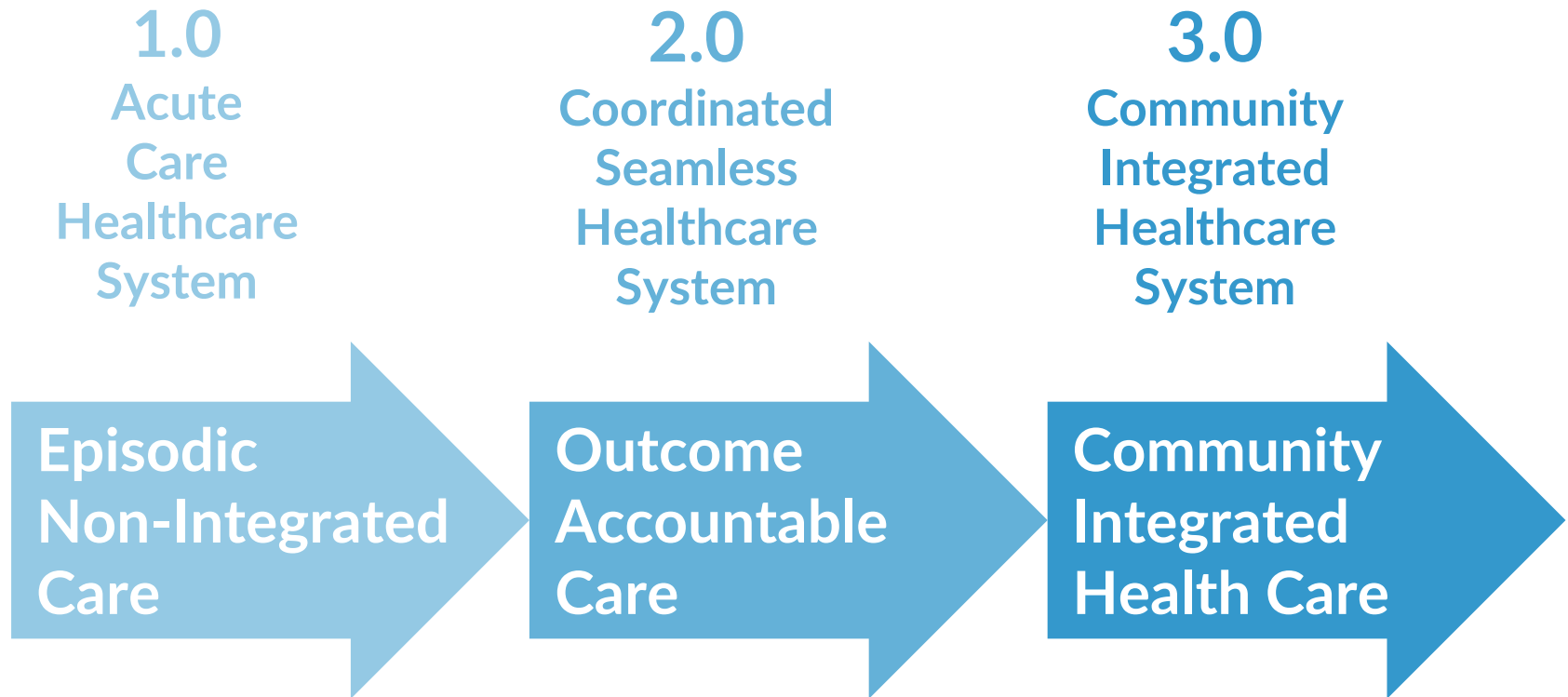
Questions and Discussion

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

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Thank You

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