Interprofessional Care Access Network (I-CAN)
2013-2017

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

- **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

Community Service Agencies

Coordinated Care Organizations

Neighborhood/Community Academic-Practice Partnership (NCAPP)

Health Profession Academics
I-CAN and Partner Sites

- Old Town
- Rockwood
- Gresham CARES
- Southeast Portland
- Monmouth
- West Medford
- Klamath Falls
- Reaching Rural Residents in IPE (R3)
- La Grande (2018)
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:
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_

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>0 - 4</td>
<td>25</td>
</tr>
<tr>
<td>5 - 8</td>
<td>21</td>
</tr>
<tr>
<td>9 - 12</td>
<td>73</td>
</tr>
<tr>
<td>13 - 16</td>
<td>47</td>
</tr>
<tr>
<td>17+</td>
<td>5</td>
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1 in 2
_of I-CAN clients are between the ages of 40-64_

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<thead>
<tr>
<th>Age Group</th>
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<tbody>
<tr>
<td>20 - 39</td>
<td>50</td>
</tr>
<tr>
<td>40 - 64</td>
<td>90</td>
</tr>
<tr>
<td>65 - 79</td>
<td>40</td>
</tr>
<tr>
<td>80+</td>
<td>10</td>
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</table>
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

36%  
13%  
30%
### I-CAN clients

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Public</td>
<td>89%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>8%</td>
</tr>
<tr>
<td>Private</td>
<td>3%</td>
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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
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
The percentage of clients **without insurance and unstable housing** dropped after participation in the I-CAN program.
Clients saw decreases in recent **hospitalizations**, **ER visits**, and **EMS callouts** 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.

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

Reducing Resource Demand

Estimated $185k in cost savings per 6 mo.

ED visits
EMS callouts
Hospitalizations

0 100 per 6 months

70 67 42 35 31 21

*Rates adjusted and standardized for number of occurrences per 6 month period.
The I-CAN program has seen consistently high scores in student team-based decision-making, skills development, and team functioning.
“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.”
The I-CAN Model

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Community Partner Perspectives

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.
1.0 Acute Care Healthcare System

2.0 Coordinated Seamless Healthcare System

3.0 Community Integrated Healthcare System

Outcome Accountable Care

Episodic Non-Integrated Care

Nexus Innovators Network I-CAN is a NEXUS Innovation Incubator Project for the National Center for Interprofessional Practice and Education.

HRSA Funded This project was supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UD7HP25057 and title “Interprofessional Care Access Network” for $1,485,394 from 2012-2016. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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

**I-CAN Core team**
Peggy Wros, Heather Voss, Claire McKinley-Yoder, Katherine Bradley, Kate LaForge

**Faculty**
Linda Callahan, Ginny Elder, Patti Warkentin, Beth Doyle, Kristen Beiers-Jones, Karla Reinhart, Tamara Rose, Carla Hagan, Angela Docherty, Jane Hagan, Basilia Basin, Linda Paul

**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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