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OPHA
October 13, 2014

Reducing Health Disparities in Underserved Neighborhoods through the Interprofessional Care Access Network (I-CAN)

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Presentation Outline

- Project Overview & Community/Academic Interventions
- Methods & Data Collection
- Time One Analysis
- Lessons Learned

Purpose of I-CAN

- Expand partnerships between OHSU, neighborhood clinics, and community service agencies.
- Create a collaborative model for clinical practice and interprofessional education.
- Improve access to local health care services for the uninsured, isolated, or medically vulnerable.
- Address ***Triple Aim*** goals: improve outcomes, reduce cost, increase satisfaction.

Academic Partners

- OHSU School of Nursing
- OHSU School of Medicine
- OHSU Global Health Center
- OHSU/OSU College of Pharmacy
- OHSU School of Dentistry

Structure of I-CAN NCAPPs

Neighborhood Collaboratives for Academic-Practice Partnership

People in the neighborhood

Health care organizations

Community service agencies

Academic partners

Our I-CAN NCAPP Partners

Old Town Portland

- Central City Concern
- Macdonald Center
- Neighborhood House

West Medford

- La Clinica del Valle
- St. Vincent de Paul
- Family Nurturing Center

Southwest Portland

- OHSU Richmond Clinic
- Asian Health and Services
- Lutheran Community Services NW
- OHSU Russell Street Dental Clinic

Three Neighborhoods, Three Populations

Old Town Portland

Mental health needs, low-income, homeless, disabled, veterans, elders

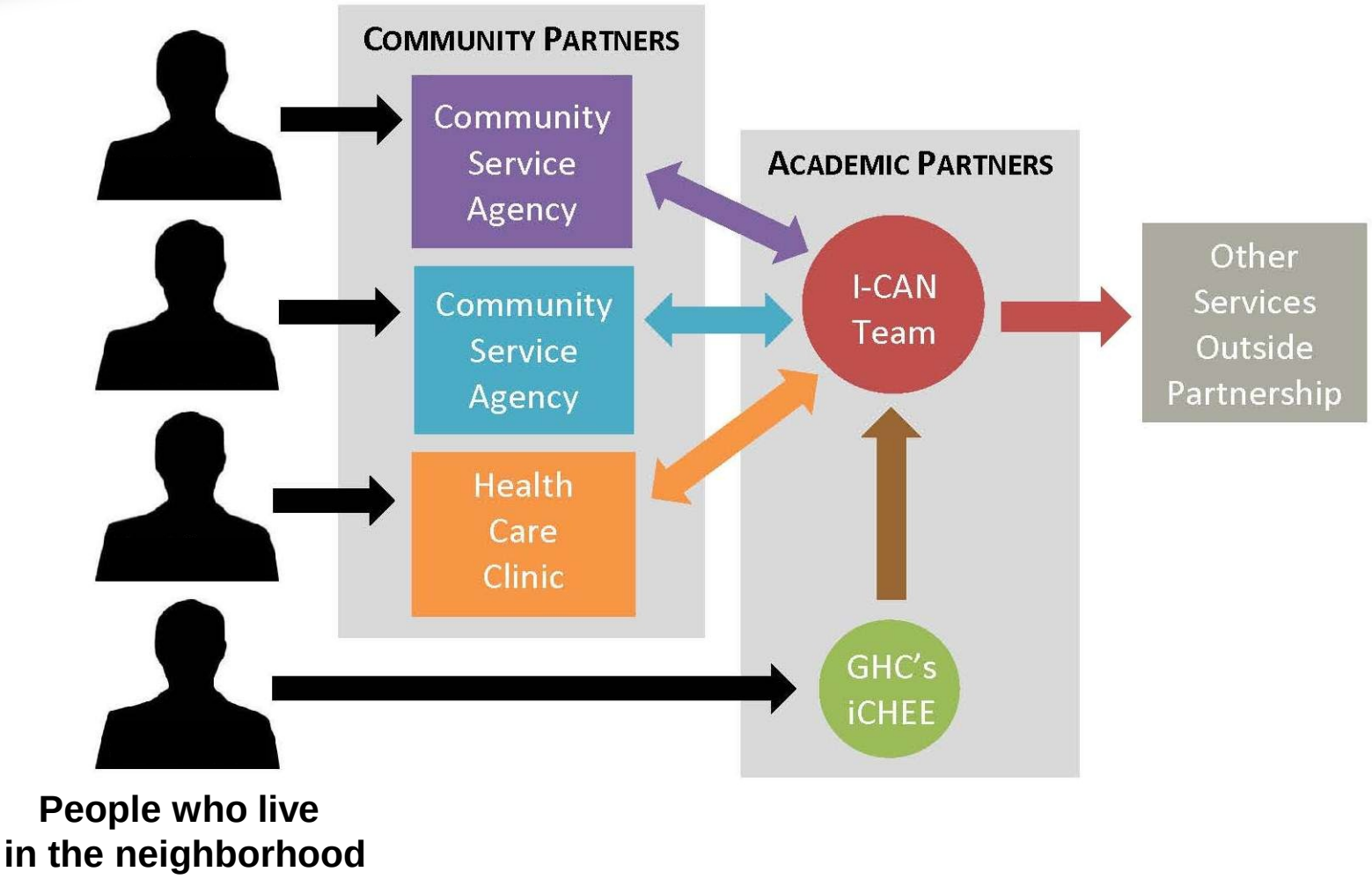
West Medford

Low-income, homeless, families, Hispanic immigrants and seasonal workers

Southeast Portland

Immigrants and refugees from Sub-Saharan Africa, Eastern Europe, and Asia

I-CAN Neighborhood Collaboratives:
Care Management Process



I-CAN Care Management (CM) and Follow Up

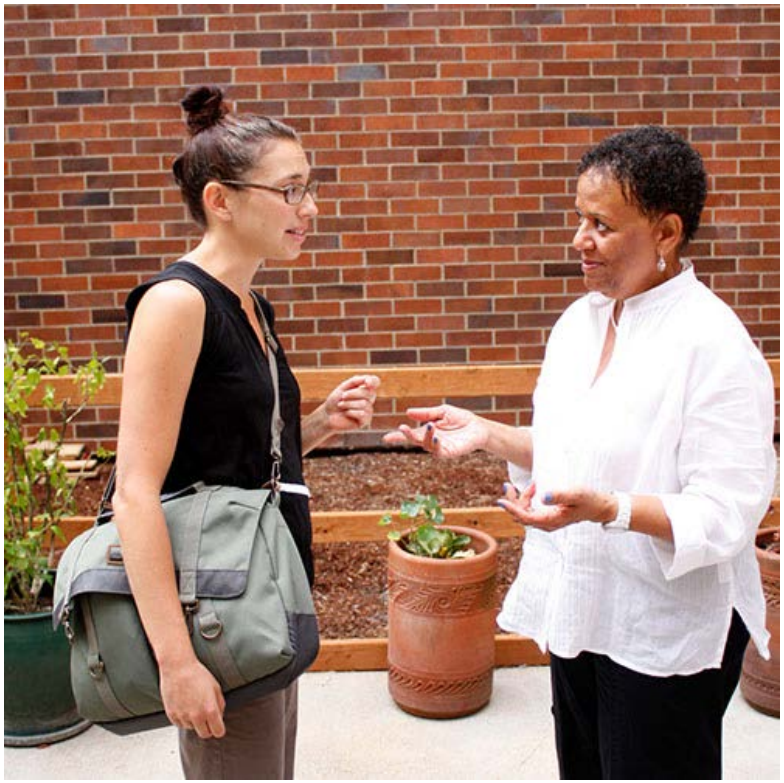
NCAPP agencies identify most vulnerable clients

- Two or more non-acute EMS calls in the last 6 months
- More than three missed appointments in the last 6 months
- No primary care home
- No health care insurance
- More than 10 medications
- Older than 60 without stable housing

- Families with children without stable housing
- Five or more unexcused school absences for children
- Signs of child negligence
- More than one family member with a disabling chronic illness
- Developmentally delayed parent(s)

I-CAN Care Management (CM) and Follow Up

Nurse Faculty-in-Residence (FIR) coordinate interprofessional student teams

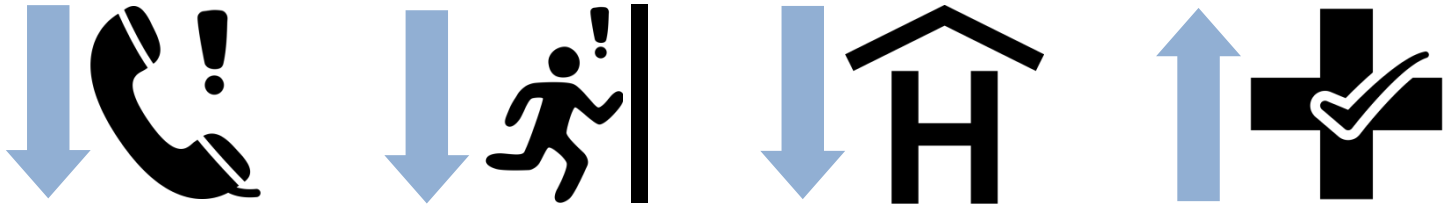


Aggregate Health Outcomes

Short-Term Client Outcome Measures

Increased number of clients with **health insurance**, **primary care homes**, & **stable housing**.

Long-Term Client Outcome Measures



Reduced **EMS calls**, **ED visits**, and **hospitalizations**, and increased **satisfaction** with health care services.

I-CAN Team Measurement Tools

Clients

- Intake Form (Baseline & 12th visit)
- *Patient Health Questionnaire (PSQ-9)*
- *WHO Quality of Life*

Community Partners

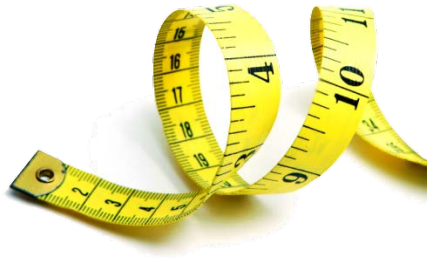
- Team Satisfaction Survey
- *Assessment of Interprofessional Team Collaboration Scale*

Grant Team

- Team Satisfaction Survey
- *Team Development Measure*

Student Teams

- Student Satisfaction Surveys
- *Collaboration and Satisfaction with Care Decisions*



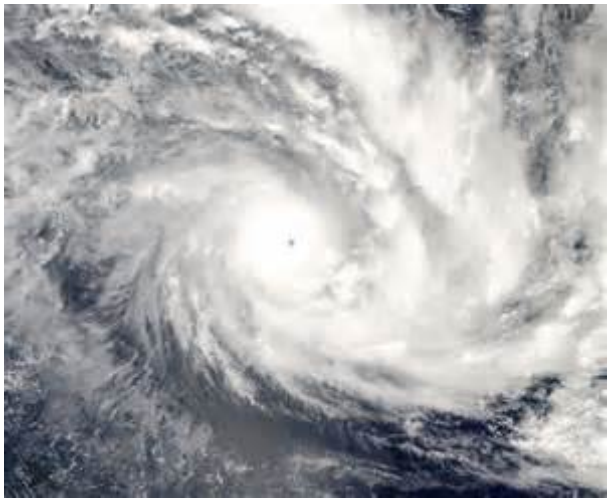
Churn/Stabilization Indices

Churn: In the last 6 months, how often have you

- Called or visited a health care provider?
- Called 911?
- Visited the emergency room?
- Been hospitalized?

Stabilization:

- Health insurance
- Monthly income
- Employment
- Social support
- Food security
- Healthcare appointments



Learning from Time One

Old Town, Portland

West Medford

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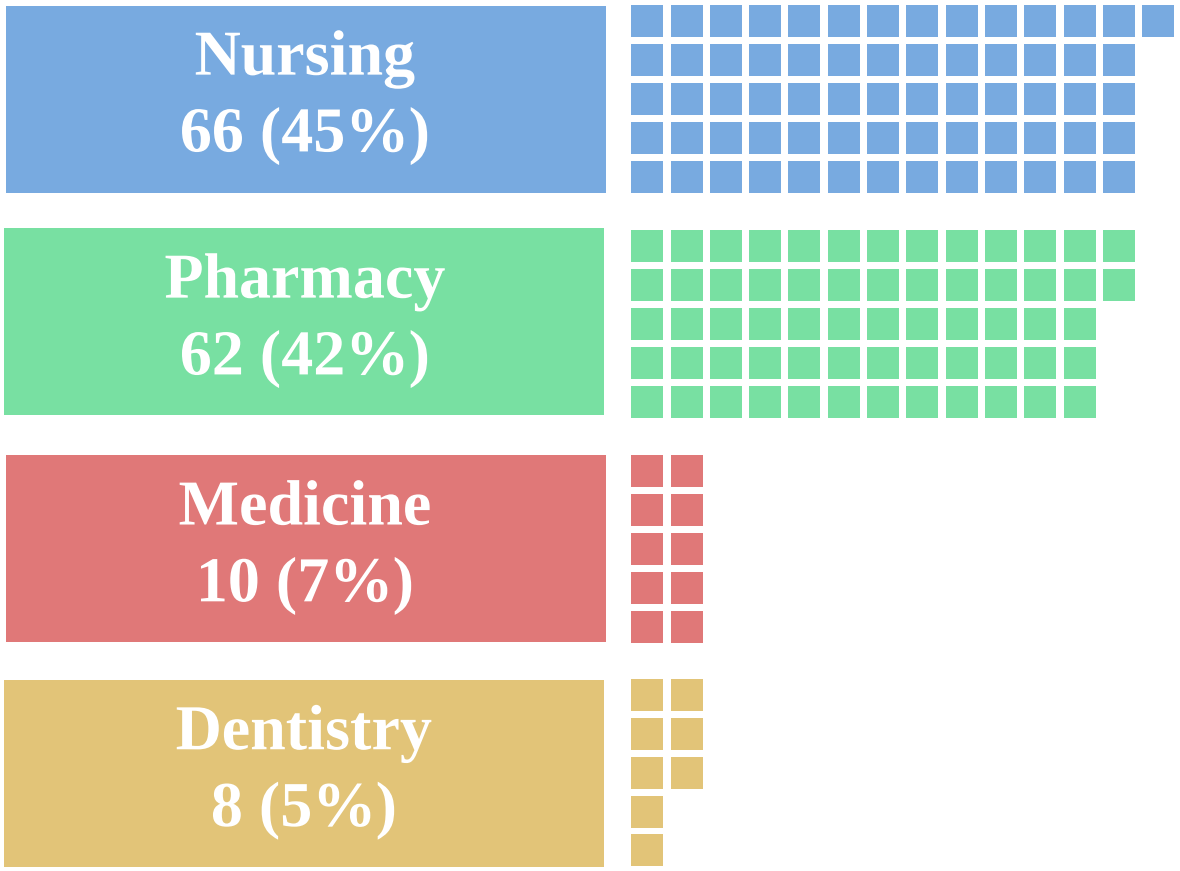
Time One I-CAN Evaluation Data

- 57 clients referred from 6 agencies
- 5 school terms (June 2013 – May 2014)
- Over 600 administrative & service visits
- 11 clients with follow-up assessments
- 8 clients with complete pre/post data

Number of Students Participating (n=146)



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Client Demographics (n=57)

Gender: Male 47.2 %
Female 46.7 %

Age: 20-39 year : 14.8 %
40-64 year: 7.7 %
65-69 year: 68.3 %
70-79 year: 7.0 %

Language: English 49 %
Spanish 18 %
Other 29 %

Education: 36.7% 12 years or less
58.9 % 13-16 years

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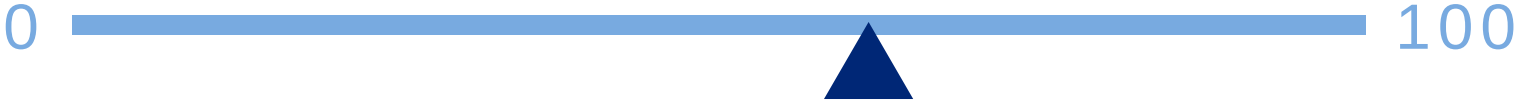
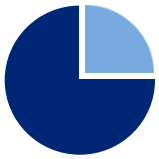
Health Literacy & Health Care Need

At initial assessment, clients are unable to identify the name or purpose of **25-50%** of their medications.

On a scale of 0-100, clients rate their overall **quality of life at just 59**.





Three-quarters of clients report problems with pain, mobility, and performing their daily activities.

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High Utilization of Health Care

In the **six-month period** prior to working with I-CAN:

57% of clients visited the **emergency department** at least once

38% of clients were admitted to the **hospital** at least once

37% of clients used **emergency medical services** at least once

18% of clients visited the ED **three or more times**

Meeting Clients Where They Are

Nearly half of client visits take place in the home, compared to an agency or clinic.

The average client visit is **83 minutes.**

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Primary Care, Housing, & Insurance

At time of referral, clients have poor access to care and experience high instability.

44%
of clients lack a primary care home

37%
of clients lack stable housing

27%
of clients lack health insurance

Client Centered Health Goals

52% of visits include interactions about **seeing a provider**

51% of visits include interactions about **housing**

35% of visits include interactions about **health insurance**

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Examples of Client Barriers

Picked up an application for Habitat for Humanity, but… has not been able to fill it out

Client's medications (about 50 small bottles with white lids) are in a large bowl…

Still does not like his living situation, but has not had additional fights with neighbors.

It's been 20 years since last dental visit… but could not provide us with his insurance information

Legs "feel like 100 lbs each"…. not taking pills regularly and does not know which is the Lasix or Potassium

Did not know that her home health services had been discontinued due to noncompliance

…did not show up …. for our planned meeting at 2:30 pm…

Still struggles to find enough food. …teeth are sensitive and … prohibit him from eating some food items.

Examples of Client Goals

Client slept out last night. He is interested in getting help to get housed.

Competent in his ability to use his glucometer and self administer insulin.

Wanting his house to be cleaner.

Interested in pursuing care from Old Town clinic…care will help with consistent access to food and issues concerning funds for buying food.

A small fridge from Goodwill that he states costs around $60

Attend TPI birth certificate assistance program for use in obtaining government ID required for apartment rental.

Strong desire for more independence via an electric wheelchair, and is waiting to hear about insurance.

Help to find a couch that pulls out into a bed and a medical marijuana card.

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Cost Avoidance Impact (n= 11)

- 4 of 8 clients were hospitalized less frequently
- 4 of 8 clients visited the ED less frequently
- 2 of 6 clients called EMS less frequently than the previous 6 months

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I-CAN Evaluation Lessons Learned so far…

- **Significant barriers** to data collection
  - Time
  - Complexity of social determinants
  - Relationships
  - Student rotations

- **Measurement** limitations
  - Reliable & valid community measures
  - Consistent data collection
  - Interventions take time

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Thank You!

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