



# Interprofessional Care Access Network (I-CAN): Scaling Health Professions Education in Population Health Statewide

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Oregon Public Health Association Nursing Section Spring Conference

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The background image shows a modern building with large glass windows on the right side. On the left, there is a construction site with cranes and scaffolding. The sky is overcast. The text is overlaid on semi-transparent grey bars with blue borders.

# The I-CAN Model

Client & Population Impact

Achievements & Challenges

Questions & Discussion

**The Interprofessional  
Care Access Network  
(I-CAN) is a nurse-led  
model for healthcare  
delivery and  
interprofessional  
practice and education.**

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# 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

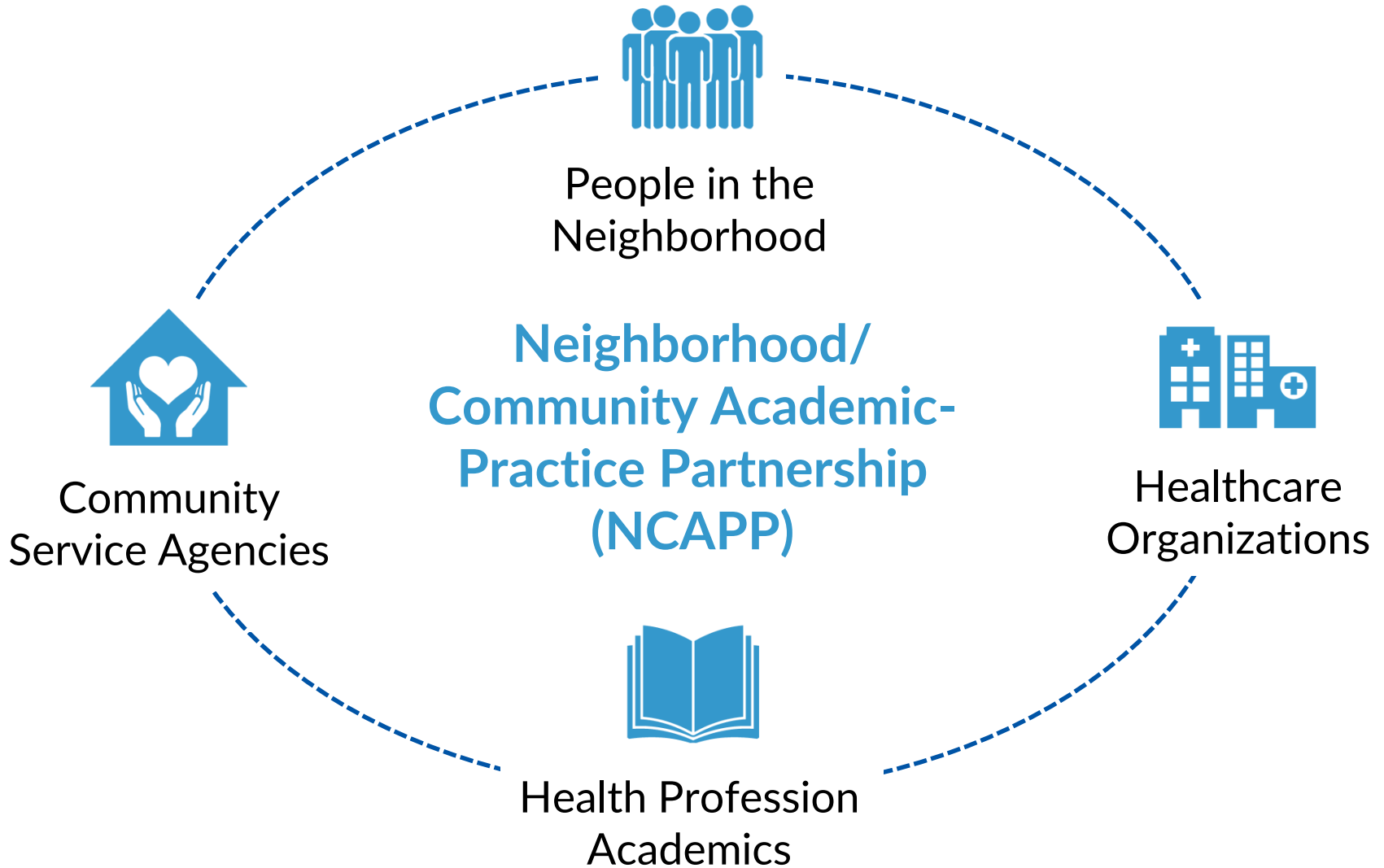
Focus on social determinants of health

Home visitation

Population health interventions

Continuous quality improvement

# Community Partnership Networks



# Five Communities, Five Populations



## Old Town Portland (Urban)

Homelessness, mental health, disability, low-income, veterans, seniors.



## Southeast Portland (Urban)

Immigrants and refugees from Sub-Saharan Africa, the Middle East, Southeast Asia, and Syria.



## West Medford (Urban)

Low-income families, homelessness, seasonal and migrant farm workers.



## Klamath Falls (Rural)

Socially isolated, low-income, disability, comorbidity, mental health.



## Monmouth/Polk County (Rural)

Low-income, disability, homelessness, mental health, food insecure.

# Health Professions Academic Partners



## Nursing

Chronic Illness, Population Health, & Leadership



## Medicine & Physician Assistant

Family Medicine & Rural Health



## Nutrition & Dietetics

Community-Based Practice & Internship



## Pharmacy

Transitional Clerkship



## Dentistry

Community Dentistry

Over  
**800**  
students

# Partners Identify Vulnerable 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





# Client Intake Assessment

## Churn Rate: System Cycling in the Past 6 Months

- Provider calls and provider visits
- EMS calls
- ED visits
- Hospitalizations
- Healthcare appointment adherence

## Stabilizing Factors in the Past 6 Months

- Employment/income
- Level of social support
- Food security/nutrition
- Insurance changes
- Housing changes

## Demographics, Health Screening, Medication Review

# Faculty in Residence



**Long-term commitment to community-based practice**

**Supervises student learning and safety**

**Consistent point of contact for clients**

**Link between university and community**

# Interprofessional Student Teams



## Students work collaboratively with clients and community partners

- Build relationships based on trust.
- Identify and prioritize health goals.
- Develop client-centered care plan.
- Connect clients with local resources.
- Meet weekly in the home, clinic, park, etc.

## Students perform intake and follow up assessments

- Care coordination
- Health literacy/Health navigation

## Students review client issues to identify population-level issues

- Prioritize in collaboration with partners
- Research and develop interventions

The background image shows a modern, multi-story building with a glass facade on the right side. On the left, there are construction cranes and a partially completed structure. The sky is overcast. The text is overlaid on semi-transparent horizontal bars.

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# Lucy

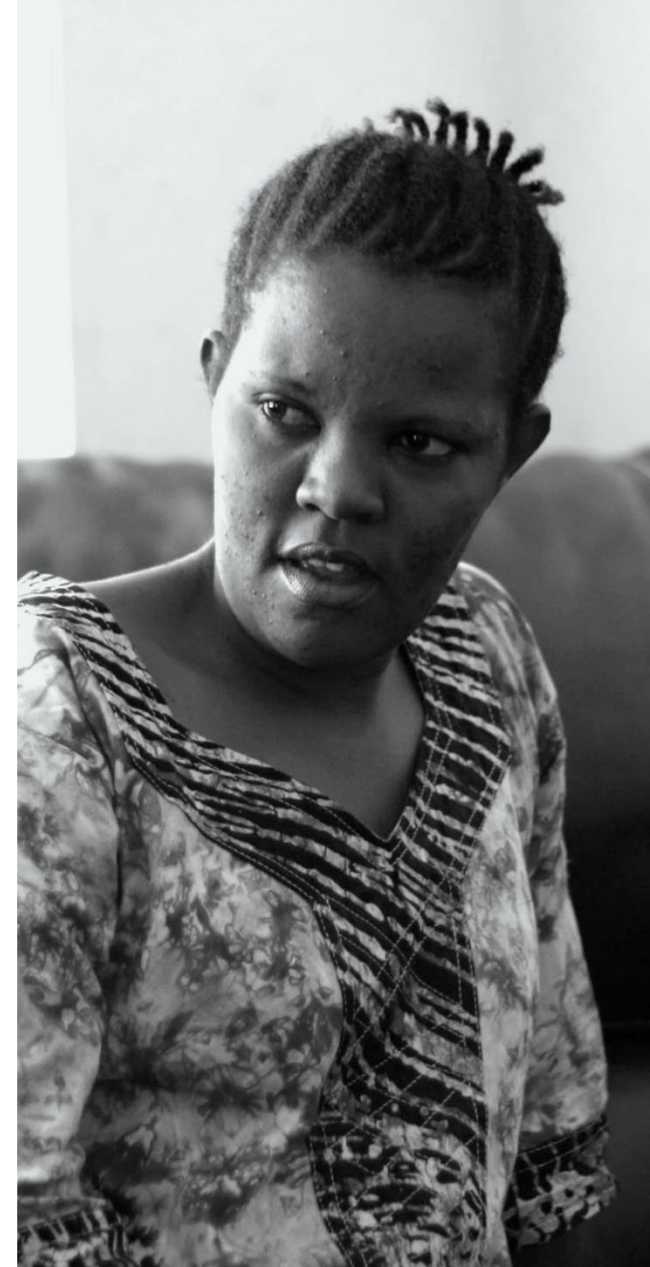
## A 34 year old single mother

She has five children and was referred to I-CAN because she has missed multiple healthcare appointments. She has recently come to Oregon from the Congo, speaks only Swahili, and has no formal education.

- recently diagnosed hepatitis B
- underlying sickle cell anemia

Family members assigned to 2 CCO's and multiple providers/clinics

Health insurance has lapsed



# Client Care Coordination

## Examples of activities:

- Consolidated assigned payers and primary care providers
- Read mail through an interpreter
  - Health insurance renewals
  - Unpaid utility bills
- Reinstated lapsed healthcare insurance
- Made medical appointments for family members
- Immunized children as required by schools
- Provided follow-up teaching after an ED visit
- Provided medication safety teaching
- Turned off smoke alarm
- Referred one child for urgent dental care
- Completed housing applications
- Worked with criminal justice system to get children's names cleared (cause of housing denial)



# Population Issues Identified

Assignment of immigrants and refugees to CCOs and primary care homes

Insurance coverage lapse

Team Intervention:

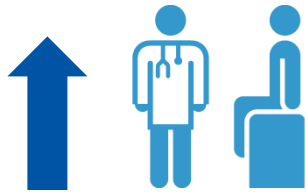
Collaboration to address gaps:  
Oregon Health Authority  
Legal Aid



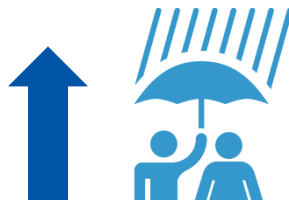
# Aggregate Health Measures

## Short-Term Outcome Measures

Increased number of clients with:



Primary care home



Health insurance



Stable housing

## Long-Term Outcome Measures

Reduced number of occurrences of:



ED visits



EMS callouts



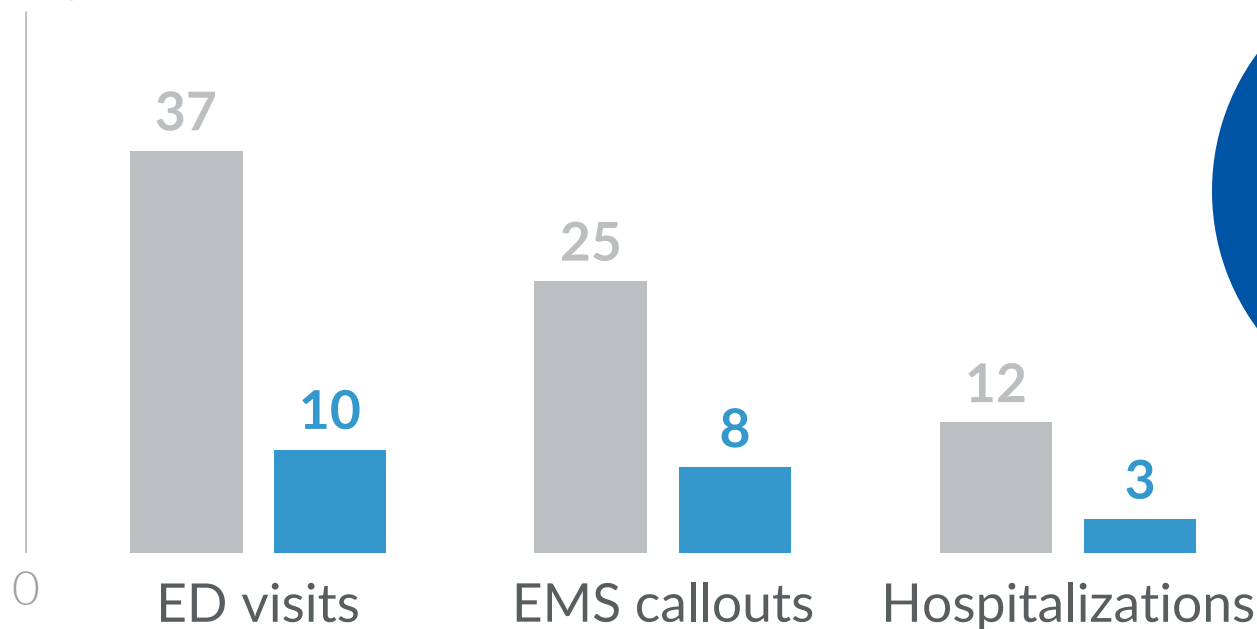
Hospitalizations



# Reducing Resource Demand

The rate of emergency and inpatient healthcare utilization decreased drastically **after 12 I-CAN care coordination visits**,\* compared to the rate **prior to joining I-CAN**, for 38 clients with intake and follow up data.

50 per 6 months



Estimated  
**\$224k**  
in cost savings  
per 6 mo.

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

The background image shows a modern transit station. On the left, a tram is visible with its overhead power lines. In the foreground, a person is walking on a paved path. The station has a modern, glass-and-steel facade. The overall scene is in grayscale, with the text overlaid in white on semi-transparent colored bars.

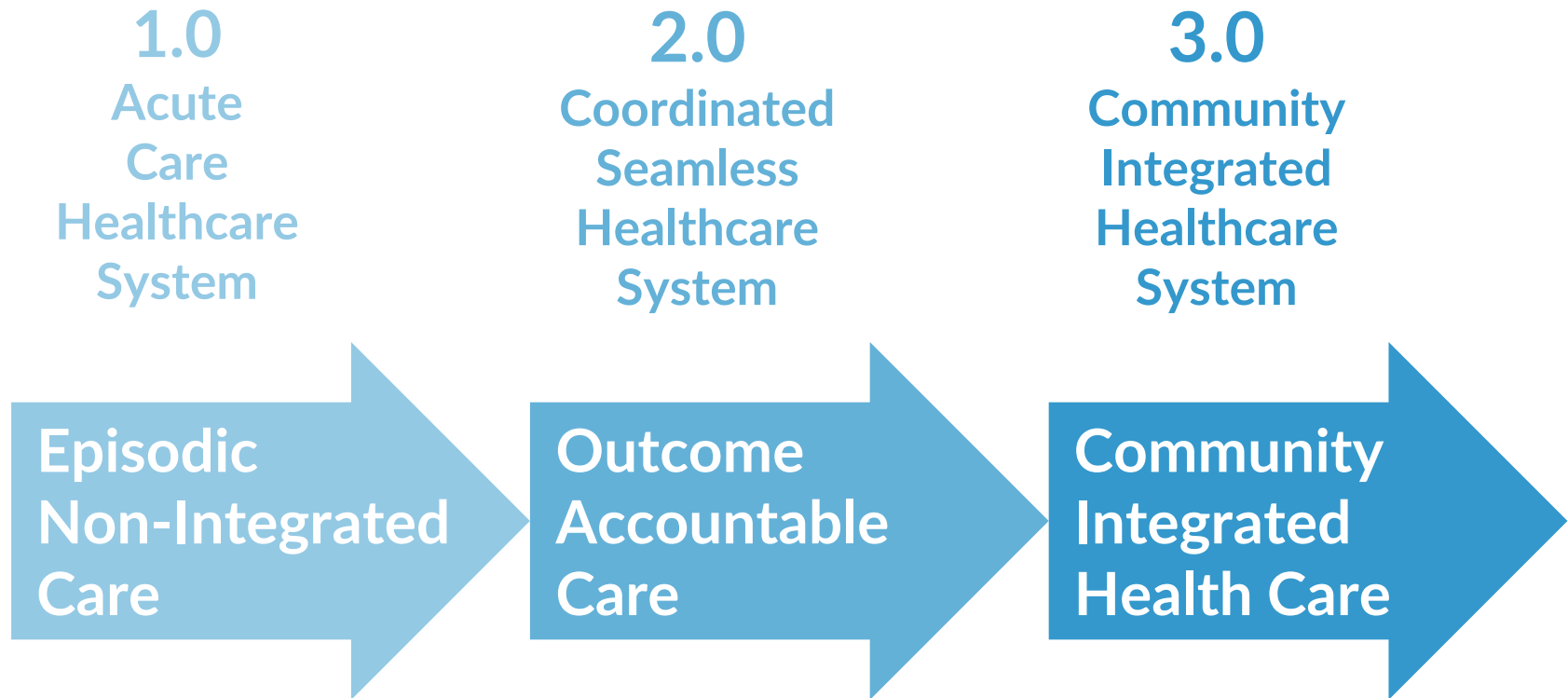
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# Healthcare System Transformation



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.

# Achievements and Developments

**Carl in the Nexus: Video produced by the National Center for Interprofessional Practice and Education for national distribution**  
<https://nexusipe.org/engaging/learning-system/carl-nexus>

**Wros, P., Mathews, L.R., Voss, H., & Bookman, N. (2015). An academic-practice model to Improve the health of underserved neighborhoods. *Family and Community Health, 38(2), 195-203***

**Funding partnerships with Coordinated Care Organizations (CCO)**

**Jointly funded faculty-in-residence position at a Fire Department in Rockwood (and “new” I-CAN site)**

**New NCAPPs in La Grande and Coos Bay (AY 2017-18)**

# Challenges

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## Need for additional evaluation:

- Client outcomes
- Cost savings
- Model for cost avoidance

Integration into curricula across Schools

Sustainable funding model

# Acknowledgements



## Nexus Innovators Network

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



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The background image shows a modern building with large glass windows on the right side. On the left, there are construction cranes and a building under construction. The sky is overcast. The text is overlaid on semi-transparent grey and dark grey boxes.

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Thank You

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