

I-CAN: Building academic, community, & health networks in underserved communities in Oregon.

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BACKGROUND

The Interprofessional Care Access Network (I-CAN) establishes collaborative partnerships between OHSU faculty and students, local neighborhood clinics, and community service agencies. I-CAN currently works in 3 sites, with each site forming an independent partner network.



I-CAN has two sites in Portland, one site in Medford, and will be expanding to Klamath Falls soon.

Network partners identify and refer clients to I-CAN who meet criteria indicating heavy or inappropriate healthcare use. These clients have fallen through the gaps in the system and are not typically seen in primary care, while the chaos and complexity the clients face make them difficult for traditional organizations to support alone.

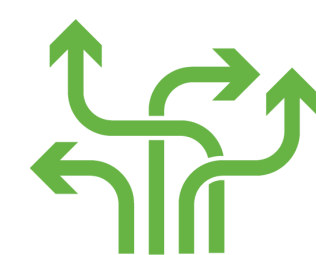
EXAMPLE REFERRAL CRITERIA

- » Heavy ED/EMS utilization (2+/6 months)
- » Missed medical appointments (3+/6 months)
- » Unmanaged chronic illness; addictions
- » Lack of primary care home
- » Lack of healthcare insurance
- » Lack of stable housing

CARE COORDINATION

Interprofessional student teams from nursing, medicine, pharmacy, and dentistry meet weekly with referred clients to identify and prioritize health goals while developing supportive relationships.

Students provide care coordination and help to address social determinants of health preventing successful self-care.



KEY PRIORITIES

Focus on social determinants of health that are barriers to appropriate healthcare use and health self-management.

Provide interprofessional care coordination under licensed faculty-in-residence with community/population health backgrounds.

Incorporate health professional students in authentic community-based service learning, thereby training the future workforce.

Maintain long-term commitments to local, disadvantaged, and underserved neighborhoods and communities in Oregon.

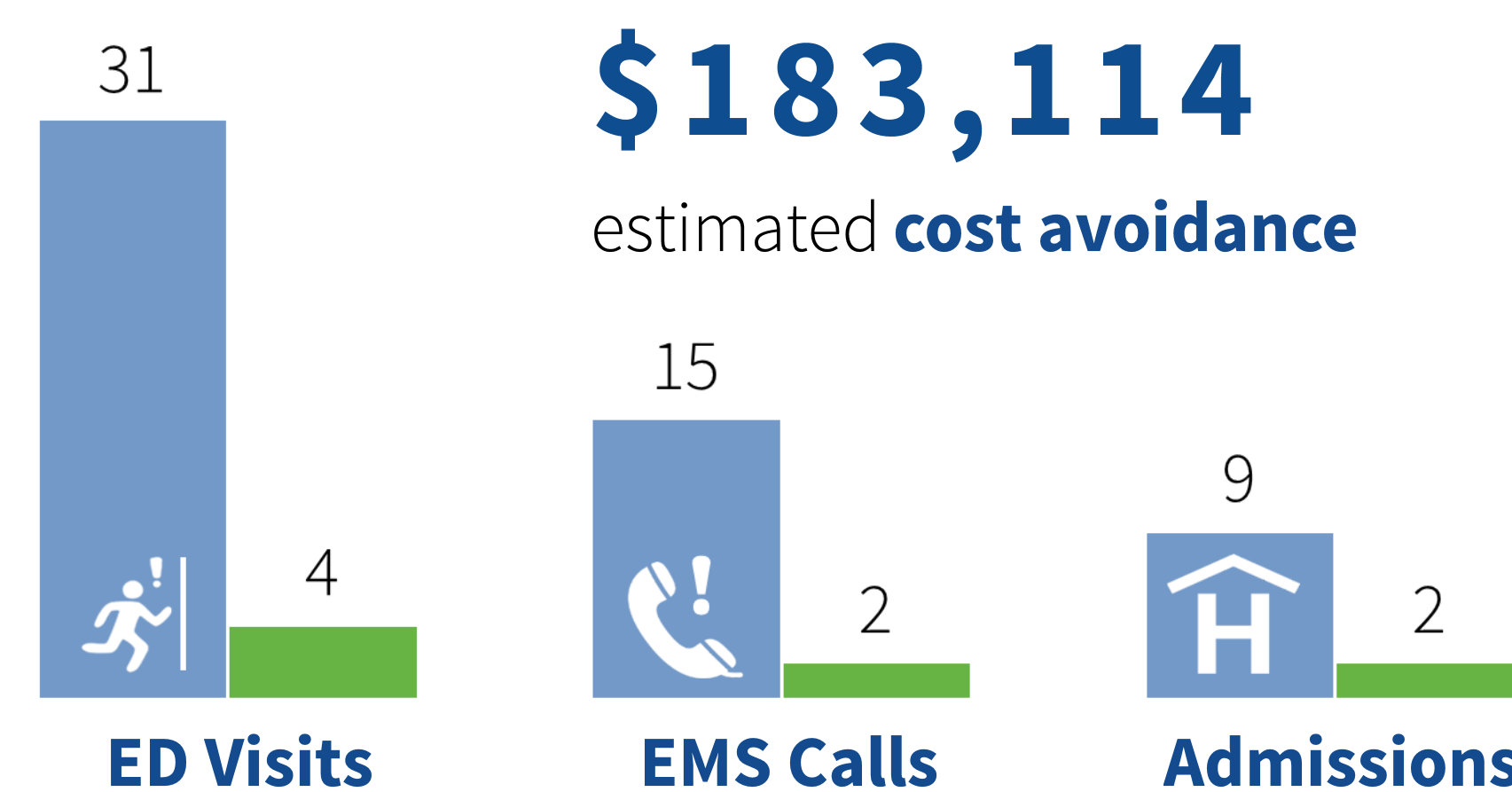
Support relationships between local agencies to facilitate client access to services and resources.

OUTCOMES

63% ↑ Increase in number of clients with a **primary care home** (N = 30)

53% ↑ Increase in number of clients with access to **health insurance** (N = 30)

39% ↑ Increase in number of clients living in **stable housing** (N = 19)



CASE STUDY: RUSSEL



Russel is a 63 year old single male referred to I-CAN for heavy ED/EMS utilization and missed medical appointments. An interprofessional student team worked with him and huddled with his providers to identify the drivers influencing his behavior: isolation, shortness of breath, anxiety, and cognitive impairment. The students provided medication education, acquired home oxygen, arranged transportation resources, and facilitated his transition to an assisted care facility. As a result, Russel showed a decrease in ED/EMS utilization and reported feeling happier and healthier.

“The ICAN team was able to do something the rest of us could not: help an elderly patient move to a safer home. Due to his early dementia, he was not able to care for his diabetes or his COPD, and he would go to the ER every day complaining of chest pain because he did not remember that he had gone the day before. After successfully moving him to assisted living, his physical and emotional health are better, and he no longer makes daily visits to the ER.”



Dr. Sengenberger, La Clinica

CONCLUSIONS

The Interprofessional Care Access Network (I-CAN) is a scalable, replicable model that leverages academic, healthcare, and neighborhood resources to enhance community-based care coordination and address social determinants of health for underserved individuals and families, while improving health outcomes and developing a future health care workforce.

IN PARTNERSHIP WITH



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