The Interprofessional Care Access Network (I-CAN): Addressing social determinants and population health through interprofessional academic-practice partnerships.

Oregon Health & Science University, Portland, Oregon

Peggy Wros, PhD, RN; Launa Rae Mathews, MS, RN, COHN-S; Heather Voss, MSN, RN; Nic Bookman, MPH; Katherine Bradley, PhD, RN; Tanya Ostrogorsky, EdD; Jennifer Boyd, PhD, MBA; Meg DeVoe, MD; Juancho Ramirez, PharmD; Jill Mason, MPH, RDH, EPP

Background

I-CAN is a model for clinical practice and education that targets the Triple Aim goals of enhancing the health care experience, improving population health outcomes, and reducing per capita health care costs. I-CAN forms Neighborhood Collaboratives for Academic-Practice Partnership (NCAPPs) that connect academic programs, community services, and health care delivery to address service gaps and social determinants of health, and advance the health and well-being of disadvantaged patients and families within three underserved neighborhoods in Portland and Medford, Oregon.

Populations

I-CAN works in neighborhoods with disadvantaged and underserved populations including low-income individuals and families, homeless, elderly, veterans, mentally ill, seasonal farm workers, and immigrants and refugees.

- 44% of clients lack a primary care home
- 37% of clients lack stable housing
- 27% of clients lack health insurance

Care Coordination

NCAPP partner agencies identify potential clients and connect them with interprofessional teams of students from the OHSU Schools of Dentistry, Medicine, and Nursing, and the OHSU/OSU College of Pharmacy. Under the supervision of a faculty-in-residence, teams collaborate with clients to set health goals and address social determinants of health.

- 57% of clients visited the ED at least once in the six month period prior to I-CAN. 18% visited three or more times.

Evaluation

Client Outcome Measures
Short-term outcomes include increased numbers of clients with health insurance, primary care homes, and stable housing.

Long-term outcomes: reduced EMS calls, ED visits, and hospitalizations; increased satisfaction with the health care experience.

Student and Team Outcome Measures
Increased satisfaction with working in interprofessional teams; interprofessional team-based decision making and collaboration.

Challenges

- Payment models remain focused on primary care; lack of funding for social determinants of health and health navigation.
- Exclusion of community service agencies and public health as full partners in reform.
- State professional board regulations don’t support interprofessional education.
- Students and faculty experience moral distress when faced with health disparities.

Conclusions

Addressing Service Gaps and Barriers
The Triple Aim goals have been incorporated by the Oregon Health Authority and form the foundation of Oregon’s Action Plan for Health. Addressing service gaps and barriers related to social determinants of health is a vital precursor to meeting these goals, and creates an opportunity for health professions students to contribute to state efforts by facilitating care coordination in the pre-primary care environment.

OHSU Interprofessional Initiative
I-CAN is a leading program in the OHSU Interprofessional Initiative, committed to developing interprofessional collaborative practice and education.

Nexus Innovation Incubator Project
The National Center for Interprofessional Practice and Education has designated I-CAN as a Nexus Innovation Incubator project.

Goals

1. Develop collaborative interprofessional practice and education partnerships.
2. Build capacity for leading interprofessional teams.
3. Improve health outcomes and satisfaction with health care services.

“...Our shared efforts produced an outcome far greater than any of us working independently.” - Dental Student

Further Information

www.ohsu.edu/i-can @ican@ohsu.edu

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