Interprofessional service learning:
Overcoming professional silos

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Overview

I-CAN is an Academic-Practice Partnership model that:

- Serves disadvantaged and underserved clients, families, and populations.
- Includes long-term commitment to a specific neighborhood and community partners.
- Introduces a faculty practice model in the community.
- Integrates interprofessional student teams into authentic collaborative community practice/learning experiences with health care professionals.
- Addresses social determinants of health through health navigation and health literacy.
I-CAN Goals

I-CAN seeks to:

• 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 by of increasing satisfaction with the healthcare experience, improving population health outcomes, and reducing or containing per capita costs.
Formation of NCAPPs

I-CAN forms Neighborhood Collaboratives for Academic-Practice Partnerships (NCAPPs).

- People in the neighborhood
- Health care organizations
- Community service agencies
- Academic partners
Academic Partners at OHSU

I-CAN brings together students and faculty from the:

- **School of Nursing**
  - 3rd and 4th Year Students

- **School of Dentistry**
  - 4th Year Students

- **School of Medicine**
  - 2nd and 3rd Year Students

- **Global Health Center**
  - Multiple academic programs

- **OHSU/OSU College of Pharmacy**
  - 3rd and 4th Year Students
Three Neighborhoods, Three Populations

Old Town Portland (Inner City)
Homelessness, mental health, disability, low-income, veterans, seniors.

Southeast Portland (Urban/Suburban)
Immigrants and refugees from Sub-Saharan Africa, the Middle East, and Southeast Asia.

West Medford (Rural)
Low-income, families, homelessness, seasonal and migrant farm workers.
Care Coordination Process

Neighborhood Collaborative for Academic-Practice Partnership

- People in the neighborhood
- Health care organization
- Community service agency
- Community service agency
- OHSU Global Health Center
- I-CAN student teams
- Local resources & services
Care Coordination

Community partners identify their most vulnerable clients:

- Two or more non-acute EMS calls in the past 6 months
- More than three missed appointments in the past 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)
Nursing faculty-in-residence (FIR) coordinate interprofessional student teams.

- Have established history in the neighborhood
- Are committed to community-based practice role
- Support student learning and safety through mentoring
- Provide consistent point of contact for clients
- Form link between academia and community
Intake Assessment

Churn: in the past six months, how often have you...
- Seen/called a healthcare provider?
- Been involved in an EMS/police call?
- Visited the emergency room?
- Been hospitalized?
- Had a change in insurance?
- Had a change in housing?

Stabilization: describe, in the past six months, your...
- Employment and/or other source of income.
- Level of social support.
- Food security/nutrition.
- Healthcare appointment adherence.
Interprofessional Student Team Visits

Students work collaboratively with clients and partners to:

- Establish relationship built on trust.
- Complete intake and follow-up assessments.
- Partner with client and community agency to identify and prioritize goals.
- Develop client-centered care plans for achieving goals.
- Visit weekly over multiple academic terms.
- Connect clients with local resources and services in the neighborhood.
- Work intensively with small caseloads (12-16 clients per neighborhood).
- Identify population-level health issues and student projects.
The Silos

Students from different professions
- Different clinical sites
- Same clinical sites; no interactions

Faculty from different professions

Academia and practice

Agencies within the same neighborhood
- Primary care and community service agencies

Professional/academic cultures
- Language/values
- Educational strategies
- Curricular priorities

Course schedules

State Professional Boards: Regulation
Other Barriers and Challenges

Lack of funding for:

- Interventions r/t SDH, health navigation, health literacy.
- Faculty roles not reimbursed by tuition or clinical practice.

Exclusion of community service agencies and public health as full partners in health reform.

- Payment models.
Since April 1, 2013, I-CAN has included 322 students.

**Nursing**
- 131 students (41%)

**Pharmacy**
- 126 students (39%)

**Dentistry**
- 46 students (14%)

**Medicine**
- 19 students (6%)

2nd year medical students have year-long rotations.
Since April 1, 2013, I-CAN has worked with 110 clients.

59 active clients

51 non-active

- 7 on hold (jail, hospital)
- 9 never consented
- 10 left the area or agency
- 5 transitioned or met goals
- 13 unable to contact
- 4 deceased
- 3 withdrew by request
First-year data from April 1, 2013 through May 15, 2014, representing 4 terms in Old Town and 2 terms in West Medford.

Client Demographics (n=57)

- **Gender:**
  - Female
  - Male

- **Language:**
  - English
  - Other

- **Education:**
  - 12 years or less
  - 13-16 years

- **Age:**
  - 20-39
  - 40-64
  - 65-69
  - 70-79
High Utilization of Healthcare

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
- **18%** of clients visited the emergency department three or more times
- **37%** of clients used emergency medical services at least once
At the point when clients are referred to I-CAN:

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
Health Literacy and Healthcare Need

At the time of 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 **59**.

Three-quarters of clients report problems with pain, mobility, and performing their daily activities.
Nearly half of client visits take place in the home, compared to an agency or clinic.

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client’s Home</td>
<td>44%</td>
</tr>
<tr>
<td>Agency or Clinic</td>
<td>42%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
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</tbody>
</table>

The average client visit is **80 minutes**.
Students discuss goals with clients at every visit:

- 52% of visits include interactions about seeing a provider
- 51% of visits include interactions about housing
- 35% of visits include interactions about health insurance
Short-Term Client Outcome Measures
• Increase in number of clients with health insurance, primary care providers, and stable housing

Long-Term Client Outcome Measures
• Reduction in number of non-acute EMS calls, visits to the emergency department, and hospitalizations
• Increase in satisfaction with the healthcare experience
First-year data from April 1, 2013 through May 15, 2014, representing 4 terms in Old Town and 2 terms in West Medford.

- **↑ 63%**
  Increase in clients with access to regular primary care (N=30)

- **↑ 53%**
  Increase in clients with access to healthcare insurance (N=30)

- **↑ 39%**
  Increase in clients living in stable housing (N=19)
Incidences of healthcare utilization decreased after twelve I-CAN visits, compared to the six month period prior to I-CAN participation.

Preliminary Outcomes (n=8)

- 91% reduction in ED visits after participation in I-CAN.

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<thead>
<tr>
<th>Activity</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing a Provider</td>
<td>30</td>
<td>8</td>
</tr>
<tr>
<td>Visits to the ED</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>Use of EMS</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>5</td>
<td>1</td>
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Funding and Support

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National Center for Interprofessional Education and Practice
The National Center has designated I-CAN as a Nexus Innovation Incubator Project, as well as two others at OHSU.
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St. Vincent de Paul     Berry Birmingham
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References


Thank You!

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