Health Insurance Access, Employment Support, and the Disability Trajectory: Final Outcomes of the Minnesota DMIE

MaryAlice Mowry, MSSW
Background

- SSDI beneficiaries with psychiatric diagnoses:
  - fastest growing and largest disability group in the SSDI program, increasing from 11% in 1981 to 41% in 2006
  - most costly population in the SSDI system
- 49% of Medicaid beneficiaries with disabilities have a psychiatric illness
- 1/3 of all SSDI beneficiaries under age 50 have a mental disorder as primary impairment
DMIE in Minnesota: Stay Well, Stay Working Intervention

- Comprehensive health/behavioral health services (Medicaid-like benefit set) through a contracted health plan

- **Wellness Employment Navigation Services** (navigator assigned to each participant; conducted a comprehensive assessment and developed a client centered plan)

- **Employment Support Services**
  - Job placement, career counseling, work place visits, accommodation assessments, employer/coworker education, financial/budget assistance, 24/7 EAP access, resume/interview skill building, etc.
SWSW Program Goals

- Create a comprehensive and coordinated set of health care and employment supports
- Provide this benefit set to employed individuals with serious mental illness who are NOT already determined disabled by SSA
- Delay or prevent these individuals from becoming dependent on the disability system
Evaluation Design

- Randomized Experiment
  - Stratified by: GAF score, Age, Geography, Income
- Control group received “usual care;” included mixed insurance status (e.g., state programs, Medicaid, private insurance, no insurance)
- Outcomes of interest:
  - Disability status (SS application submitted)
  - Mental health status (SF-12)
  - Health status [SF-12, Activities of Daily Living (ADL)] limitations)
  - Health care access (Service utilization patterns)
  - Earnings
Participant Characteristics

- **Demographics:**
  - 61% female; 58% age 35+; 82% white

- **Education:**
  - 43% high school; 29% some college/2-yr degree; 17% ≥ college

- **Occupation:**
  - 33% service sector; 32% clerical/sales

- **Average Monthly Income:** $1,574

- **Top Primary Diagnoses:**
  - 52% depression; 18% anxiety disorder; 14% bipolar

- **Physical Health Issues**
  - 23% mobility issues; 25% circulatory/respiratory system issues; 25% chronic pain
Participant Outcomes: Social Security Applications

- During first 12 months, 14% control group vs. 7% intervention group applied to SSDI
- Baseline characteristics associated with greater likelihood of SSDI application:
  - Lower functioning individuals 2 times more likely to apply
  - Older (over 35) participants 50% more likely to apply
  - Insured higher income control 2.6 times more likely to apply than higher income intervention
  - Insured lower income control group 7 times more likely to apply than low income intervention group
  - Decrease in hours worked
  - Decrease in SF-12 mental health component score
  - Decrease in functioning (more ADL limitations)
Participant Outcomes: Health Service Utilization

- Health Service Utilization:
  - Increased use of health and behavioral health services (99% intervention vs. 49% control) and pharmacy (94% intervention vs. 44% control)
  - Factors associated with higher total health care costs:
    - More serious physical health issues
    - History of hospitalizations prior to baseline
    - Age (costs increase with age)
    - Lower GAF

- As time in program increased, total health care costs decreased *(high initial costs due to lack of coverage prior to enrollment)*
Participant Outcomes: Financial

- **Earnings:**
  - Lower functioning control group members reported decreased income (earned average $6500 less than lower functioning intervention group)

- **Medical Debt:**
  - Control group 2.8 times more likely
  - Participants with increased ADL limitations between baseline and 24 months have higher medical debt

- **Delaying needed care** (primary care, surgery, specialist) due to cost:
  - Control group 4 times more likely
  - Uninsured in control group 6 times more likely
Participant Outcomes: Functioning and Mental Health Status

- **Functional Status** (Activities of Daily Living Limitations):
  - Control group reported more ADLs after 12 months than intervention group
  - Characteristics associated with increased ADL limitations:
    - # ADL limitations at baseline
    - Age (# of ADLs increased with age)
    - Decreased hours worked

- **Mental Health Status**: Both groups showed statistically significant improvements in mental health status (*MH component scores were still well below the national average*)
Participant Outcomes: Health Promoting Behavior

- **Health Insurance**: 60% of participants in the control group reported having health insurance.
- **Regular Medical Provider**: 84% of the intervention group had a regular medical provider compared to 69% of the control group.
- **Health Screens**: Intervention group participants were more likely to have preventative health screens (such as pap smears, dental exams, and eye exams).
- **Prescription Cost Management**: Control group participants were more likely to use strategies for managing the cost of prescriptions such as relying on free samples and splitting pills to make prescriptions last longer.
Participant Outcomes: More Engaged Participants

“More engaged participants” defined as: Intervention participants who had 10+ navigator contacts/year and completed the optional annual review of their wellness and employment goals

- Less engaged participants were 3 times more likely to apply for SSDI than engaged participants
- More engaged participants showed greater improvements in mental health status and less engaged had declines
Summary of Outcomes

- Outcomes of personal navigation and increased access to and utilization of needed health and employment services include:
  - Fewer applications to SSDI
  - Improved functioning
  - Higher earnings
  - Greater connection to a regular medical provider for routine care and preventative services
  - Lower rates of medical debt
  - Less likely to delay or skip needed care due to cost
Policy Relevance of SWSW

- Under the Affordable Care Act, about 2/3 of those who will become Medicaid eligible will work full- or part-time, and have very low incomes [almost half earning 50% or less of the Federal Poverty Level (FPL)].

- Findings from the SWSW Demonstration are relevant because SWSW participants were similar -- one-third had incomes under 133% of poverty.
Lessons Learned from SWSW

- Individuals with histories of limited health care coverage and access will need significant outreach and positive recruitment efforts.

- State programs, due to limited resources, are designed to restrict eligibility. ACA requires a paradigm shift to expand health care coverage and create an enrollment process that is seamless and automatic for individuals.

- **MN enhanced the SWSW enrollment by tailoring outreach letters to be welcoming and inviting, and conducting thorough and intensive follow up efforts.**
Lessons Learned from SWSW

- A core strength of the SWSW model was the neutral role of the navigator; cost of navigation was $55/PMPM.

- Navigation functions that can be applied to Medicaid expansion population:
  - Health insurance benefit package orientation and education, and how to effectively access needed services.
  - Assistance with goal setting to proactively manage health and behavioral health needs.
  - Referrals to needed services.
  - Providing on-going social support and accountability.
Lessons Learned from SWSW

- Employment is a protective factor for people with mental illness
- Understanding and emphasizing the connection between health and employment is important for maintaining long-term independence
- Mental Health - evidence based practices promote work as recovery and emphasize the need for benefits planning throughout the process
Future Implementation

- Providers need to give equal consideration to 3 domains:
  - Health
  - Mental Health
  - Employment

- Expect that people can work

- Provide necessary support so they do work
Additional reports and materials topics include:

- Early Intervention: Avoiding Dependence on Public Programs
- Understanding the Role of Navigation
- The impact of Comprehensive Assessment, Goal Setting & Personal Navigation on Health and Employment
- The Role of Employment for Individuals Living with Mental Illness
- Factors that Lead People to Apply for Disability
- New Roles for Managed Care Organizations
- Interagency Collaboration and Financing Strategies
For More Information

Contact:
MaryAlice Mowry at maryalice.mowry@state.mn.us