

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

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# 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

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