Working Well:

Lessons for the Road Ahead

Dena Stoner, Senior Policy Advisor
Texas Department of State Health Services
dena.stoner@dshs.state.tx.us

What is DMIE?

- The Demonstration to Maintain Independence and Employment (DMIE)
- Competitive federal grant from the Centers for Medicare and Medicaid Services (CMS)
- All states awarded grants had rigorous scientific designs (randomized, controlled studies) to assess effectiveness
- All projects targeted working people with significant health conditions
- Two states, Minnesota and Texas, focused on individuals with behavioral health conditions

Working Well

- The Texas DMIE Project
- Site: Harris County Hospital District, Houston
- Partnership: SMHA, Hospital District, Medicaid
- 1600+ participants
- Recruitment and services started on 4/30/2007 ended 6/2/2008
- Services ended 9/30/09
- Participants had serious mental illness or behavioral + serious physical health conditions

Houston: 2010

Uninsured in Texas

- **28 percent** of working adult Texans are **uninsured** (highest rate in the nation)*. A number of these have behavioral health conditions.
- Large county hospital districts are the major providers for those without insurance or Medicaid.
- Harris County (Houston) is the largest hospital district in Texas with the most uninsured workers. Resources are strained to meet the demand.
- Workers find challenges in navigating such systems

* Uninsured Rates for the Non-elderly by Family Work Status, states (2008-2009), U.S. (2009), http://www.statehealthfacts.org/(Last visited 2/3/11)

Uninsured in Houston

The Future

- 1.3 to 1.8 million additional adult Texans under 138% FPL could potentially enroll in Medicaid expansion*
- Enrolling and engaging these individuals in health care and ensuring access to care will present major challenges
- The *Working Well* participant population is an important part of this potential expansion population.
- States and counties must find ways to manage the rising cost of health care for people with chronic conditions

* Texas Health and Human Services Commission estimates, 2010

Questions

- How important is behavioral health integration for the working poor?
- How can workers with chronic health conditions be effectively engaged in accessing care and managing health?
- How could State Mental Health Authorities assist in preventing disability?

Working Well Candidates

- **There was NO shortage of candidates:** Over 31,000 individuals met the diagnostic criteria.
- **Working adults:** < 60 yrs. enrolled in Hospital District's indigent health program
- **Significant health problems:** Serious mental illness or behavioral + **serious** physical problems
- **Not on disability benefits:** (Medicaid, SSI, SSDI)

Working Well Participants

- **Poor –** 78% were <138% FPL, 100% <250% poverty, 30% < SSI income level
- **Low education**: High school or less (63%)
- **Uninsured**: Few (20%+) had access to employer-offered insurance. Very few were insured
- **Functional Limitations**: 41% reported limitations with Activities of Daily Living (ADL). 50% reported issues with Instrumental Activities of Daily Living (IADL).

Working Well Participants

- **Diagnoses** - Serious mental illness (11%), behavioral + serious physical problems (89%)
- **Personal health concerns** - high blood pressure, depression, chronic fatigue, chronic pain, etc.
- **Occupations:** health care workers, office workers, food prep and serving, sales, building maintenance, etc.
- Work Motivation/identification – Very high. Continued work was critical to identity, health

The Interventions

- No co-payment for physical health care, behavioral health care, or prescription medicines
- Expedited appointments
- Dental and vision care
- Substance use treatment services
- **Case Management**

Case Management

- Individual planning, advocacy and coordination (used motivational interviewing techniques)
- **Navigation** of health system
- Connection to community resources
- Individual employment/vocational support

Motivational Interviewing

- Evidence shows that it works (over 200 scientific trials in various settings)
- A person-centered counseling/communication style
- Focused and goal-directed
- Helps people achieve **positive** behavior change exploring and resolving their ambivalence to change
- Used in a broad variety of contexts (health care, social services, marketing, etc.)

Challenges

- Recruiting large cohorts with strict research criteria for enrollment
- Large, difficult to navigate public health system with little experience in outsourcing services
- Clinic system focused on "patient" medical events, not persons (not conducive to access, continuity of care)
- Relatively short study period

Significant Outcomes

Increased access to and use of appropriate health services, including -

- More use of preventative care
- More outpatient visits
- Less delay in seeking/receiving care due to cost
- Greater adherence and persistence in taking prescribed medications for chronic conditions, more medical stability for chronic conditions
- Greater satisfaction with healthcare received

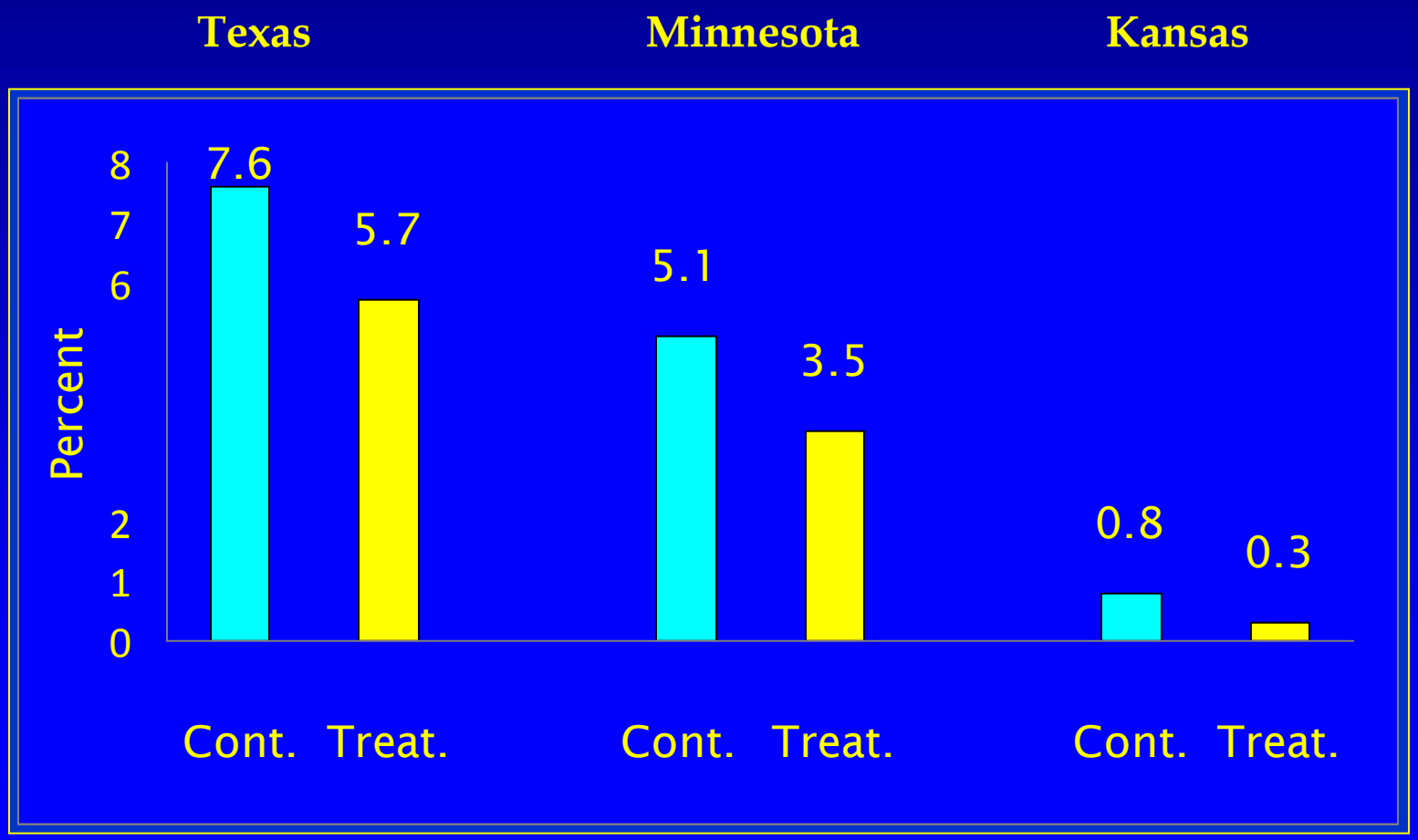
Avoiding Disability

- Working Well **significantly** reduced receipt of disability and reduced SSI/ SSDI applications.

- The largest cohort of intervention group participants (60%) were **half** as likely to receive SSI/SSDI as the control group.

Disability Applications Reduced

12 Month National Evaluation Findings



Impact of Case Management

Higher case management hours were related to:

↑ outpatient physical health services (*encounters*)
↑ requests for routine medical appointment *(self-report)*
↑ seen in a mental health treatment location (*encounters*)
↑ utilizing mental health services (*self-report)*

Very high case management was related to:

↓ total emergency room visits (*encounters and self-report*)
↓ outpatient visits (*encounters*)
↑ urgent care visit *(self-report*)
↑ at least one outpatient and emergency visi*t (encounters)*

Impact of Case Management

Case managers focused on people with greater needs:

↓ hours worked over the past six months*
↓ months worked over the past six months*
↓ household income*
↑ percent reporting problems with work due to physical or mental health*

Very high case management was related to:

↑ Texas Workforce Commission reported earnings
↑ number of months worked in the past six months*
↑ working the same or more as the previous six months*

**Note: Outcome is based on participant self-report*

Juan

Juan was at risk of losing his delivery job. Before joining ***Working Well,*** he displayed erratic behavior and had poorly controlled diabetes which led to painful foot ulcers that made walking difficult. The ***Working Well*** case manager obtained orthopedic shoes for him which allows him to work full time. The case manager also worked with Juan to develop a diabetic diet and individual exercise plan. Juan was also linked to a psychiatrist who prescribed medication for his bi-polar disorder. He subsequently received a raise for exceptional performance.

Lessons for the Road Ahead

Enrollment in Health Benefits

- In-person, point-of service enrollment is more effective at enrolling large numbers of people quickly than traditional mail/telephone or Internet . (These individuals may also prove more challenging to serve.)

- Individuals were pre-identified via administrative data and approached while waiting for clinic appointments.

- Some groups may require more effort to enroll (men, people with severe mental illness, etc.)

Remove Financial Barriers

- Removing co-pays for medical appointments and medication results in greatly increased use of appropriate services and better outcomes.

- Small co-payments ($5 for prescriptions or office visits) can significantly deter desired outcomes in poor, health-challenged populations.

The Person-centered Approach

- Person-centered planning and motivation works. It empowered people to make decisions and taught/ motivated them to use the health care system more effectively. It was related to better health care access and higher earnings.

- Motivational interviewing is a very effective technique to engage people in taking charge of their health. It requires training and reinforcement to learn. Its worth the effort.

- Person-centered planning is not expensive to implement. (Estimated PMPM of $13.00 to $27.00, depending on caseload size).

Think Work First

- These individuals identify first and foremost as "workers" not "patients" or "clients"
- They struggle to maintain their health and their work, and each affects the other.
- Barriers to health care include taking time off of work, securing and keeping appointments, and co-payment/ prescription costs.
- Workers are the fastest growing category of federal disability payments ($65 billion of $77 billion in 2003)
- Helping navigate and expedite services is important, inexpensive and necessary.

Mental Health Authority Role

- Promoting evidence-based approaches
- Providing expertise on outreaching and engaging complex populations
- Offering expertise in partnership with community-based indigent care systems
- Providing a person-centered recovery focus, rather than a strictly medical focus

Selected Publications

DMIE 24-Month Evaluation Report--This report covers findings on differences between intervention and control groups across the 24 months after enrollment (compares outcomes at baseline, 12 months and 24 months).

Policy Brief 3-Health Care Support Workers at Risk--Characteristics of the 14% of Texas DMIE participants who worked in health care support professions, and comparison with participants who worked in other professions.

DMIE Case Management--Article about personal navigation, life coaching and case management in DMIE projects in Texas, Kansas, Minnesota and Hawaii, written by DMIE teams in those states, in press at Journal of Vocational Rehabilitation.

Working Well 18-Month Outcomes--Article about Texas DMIE participant outcomes at 18 months, written by Texas DMIE team, in press at Journal of Vocational Rehabilitation.

For additional information

Contact:

Dena Stoner, Senior Policy Advisor

Texas Department of State Health Services

dena.stoner@dshs.state.tx.us