



# ***Texas DMIE: Working Well 18-Month Outcomes***

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# Texas in Context



## Uninsured Adults, Age 19 – 64, 2008\*

| Minnesota | Kansas  | Hawaii | <b>Texas</b>       | US           |
|-----------|---------|--------|--------------------|--------------|
| 340,000   | 263,000 | 78,700 | <b>4.5 million</b> | 37.6 million |
| 11%       | 16%     | 11%    | <b>31%</b>         | 20%          |

\* Source: Kaiser Family Foundation, Statehealthfacts.org. Latest year available.

- ▶ 28% of **working** Texans are uninsured (highest rate in nation)
  - ▶ Large county hospital districts care for those without insurance
  - ▶ 250,000 working age Texans with disabilities receive SSI and 380,000 receive SSDI
  - ▶ Medicaid expenses for working age Texans = \$3.5 billion
  - ▶ Medicaid expenses in Harris County = \$375.5 million
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# *Study Eligibility*



- ▶ Working ~ 40 hrs/month over past 6 months
  - ▶ 21 - 60 years of age
  - ▶ Enrolled in Harris County indigent health care program (Gold Card)
  - ▶ Not receiving Medicaid
  - ▶ Not currently certified eligible for Social Security benefits
  - ▶ Medical records diagnosis of SMI or another behavioral+physical disorder with potential for disability
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# Study Design



- ▶ 1,616 participants – random assignment to intervention (904) or control (712)
  - ▶ Intervention: April 2007 – September 2009
    - ▶ Free physical and behavioral health care, prescriptions, dental/vision care
    - ▶ Case management by masters level social workers, nurses, voc counselors
      - ▶ Individual planning, advocacy and coordination
      - ▶ Navigation of health system
      - ▶ Connection to community resources
      - ▶ Employment/vocational supports
  - ▶ Data from surveys, medical records, case manager activity reports, state employment data, and in-depth (qualitative) interviews with participants, case managers and stakeholders
  - ▶ Participants were surveyed at study entry, 12, and 18 months
  - ▶ 18-month survey completion: 93% intervention, 90% control
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# Who is Working Well?



- ▶ Female (76%), minority (72%), middle-aged (70% > 45 yrs)
  - ▶ Less than high school diploma (30%); high school diploma (31%)
  - ▶ Divorced/separated (42%), never married (25%), widowed (7%)
  - ▶ Income < 100% of poverty (48%), income < 200% of poverty (87%)
  - ▶ Worked on average 33 hours per week over past year
  - ▶ Sales/service (39%), health support workers (19%)
  - ▶ 11% had diagnosis of severe mental illness
  - ▶ 41% reported at least one limitation in daily activities
  - ▶ Self-reported health conditions include high blood pressure (57%), depression (51%), anxiety disorder (32%), diabetes (29%)
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# *Evaluation Hypotheses & Analysis*



- The intervention group will show more positive outcomes than the control group at each evaluation time point, including:
    - ▶ higher rates of maintaining employment
    - ▶ less dependence on federal disability benefits
    - ▶ greater control over their health
    - ▶ better health outcomes
    - ▶ greater satisfaction with work and health
    - ▶ lower health care costs
  - All analyses control for participants' gender, age, race/ethnicity, MH diagnosis, overall health status, occupational group, recruitment cohort, and baseline value of the outcome.
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# Outcome: Transition to Disability



- ▶ No significant difference in percentage applying for federal disability
- ▶ Intervention group less likely to have begun receiving disability
  - ▶ Difference most pronounced for mail/telephone recruitment cohort.

| Outcome  | Sample Size | Intervention | Control | Difference |
|--|-------------|--------------|---------|------------|
| <b>Percent who received SSI or SSDI in months 13 to 18 (self reported)</b> | 1478        | 6%           | 8%      | -2%*       |
| <b><i>--Participants recruited by mail or telephone</i></b>                | 874         | 4%           | 8%      | -4%*       |
| <b><i>--Participants recruited in person</i></b>                           | 604         | 8%           | 8%      | 0%         |

\*Difference is significant at  $p < .05$ .

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# Outcome: Use of Health Care



- Intervention participants accessed more outpatient services, mental health services, and dental/vision services than control participants during months 13 to 18.

| Outcome   | Sample Size | Intervention | Control | Difference |
|---|-------------|--------------|---------|------------|
| Percent utilizing <u>outpatient</u> services (as reported by health care provider)  | 1480        | 72%          | 58%     | 14%*       |
| Percent seen in a <u>mental health</u> clinic (as reported by health care provider) | 1480        | 12%          | 6%      | 6%*        |
| Percent who had at least one <u>mental health service</u> (self-reported)           | 1476        | 23%          | 17%     | 6%*        |
| Percent who had at least one <u>dentist or optician</u> visit (self-reported)       | 1480        | 61%          | 46%     | 15%*       |

\*Difference is significant at  $p < .05$

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# Outcome: Access to Health Care



- Participants in the intervention group were significantly less likely to report delays or inability to get health care due to costs.

| Outcome   | Sample Size | Intervention | Control | Difference |
|---|-------------|--------------|---------|------------|
| <b>Percent who needed the following, but delayed or were unable to get due to cost:</b> |             |              |         |            |
| • family doctor   | 1472        | 18%          | 28%     | -10%*      |
| • specialist  | 1472        | 20%          | 28%     | -8%*       |
| • hospital care   | 1472        | 11%          | 17%     | -6%*       |
| • surgery   | 1472        | 9%           | 13%     | -4%*       |
| • dental care   | 1472        | 28%          | 34%     | -6%*       |
| • fill a prescription   | 1472        | 13%          | 26%     | -13%*      |
| • medical equipment   | 1472        | 6%           | 9%      | -3%*       |

\*Difference is significant at  $p < .05$ .

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# Outcome: Satisfaction with Health Care



- Intervention group was more satisfied with their access to health care and with the health care they received

| Outcome   | Sample Size | Intervention | Control | Difference |
|---|-------------|--------------|---------|------------|
| Percent satisfied with <u>access</u> to health services | 1472        | 70%          | 60%     | 10%*       |
| Percent satisfied with health care <u>received</u>      | 1463        | 81%          | 74%     | 7%*        |

\*Difference is significant at  $p < .05$

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# *Outcome: Use of Pharmacy*



- ▶ Intervention participants were more likely than control participants to receive prescriptions and medical devices (7 out of 17 examined showed significant difference).
- ▶ Intervention participants were more likely to be adherent to and persistent with their medications.



# ***Outcomes: Behavioral and Physical Health***



- ▶ Intervention and control groups showed no significant differences in:
    - ▶ behavioral or physical self-rating scales (BASIS, SF-12)
    - ▶ limitations in daily activities (ADL, IADL)
    - ▶ self-rated overall physical health
  
  - ▶ Intervention group was slightly less likely (73%) than control group (77%) to self report their overall mental health as good ( $p < .05$ ).
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# *Outcome: Employment and Income*



- ▶ No significant difference in:
    - ▶ total hours worked (mean = 29 hrs/week over 6 months)
    - ▶ percent employed continuously over 6 months (90%)
    - ▶ employment earnings (mean = \$6,800)
    - ▶ household income (mean = \$19,500)
  
  - ▶ Intervention group was slightly less likely (78%) than control group (81%) to report satisfaction with their job ( $p < .05$ ).
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# *In-Depth Interviews*



Interviews with participants showed that:

- ▶ Participants struggle to maintain their health and their work and each affects the other.
  - ▶ Barriers to health care include making and keeping appointments, taking time off of work for appointments, and costs of copayments and medications.
  - ▶ For most participants, applying for disability is not a preferable option – either they feel like they have to work for the income or they do not see themselves as the type of person who does not work.
  - ▶ Participants are very appreciative of the financial and emotional support provided by the Working Well program.
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**Mary**

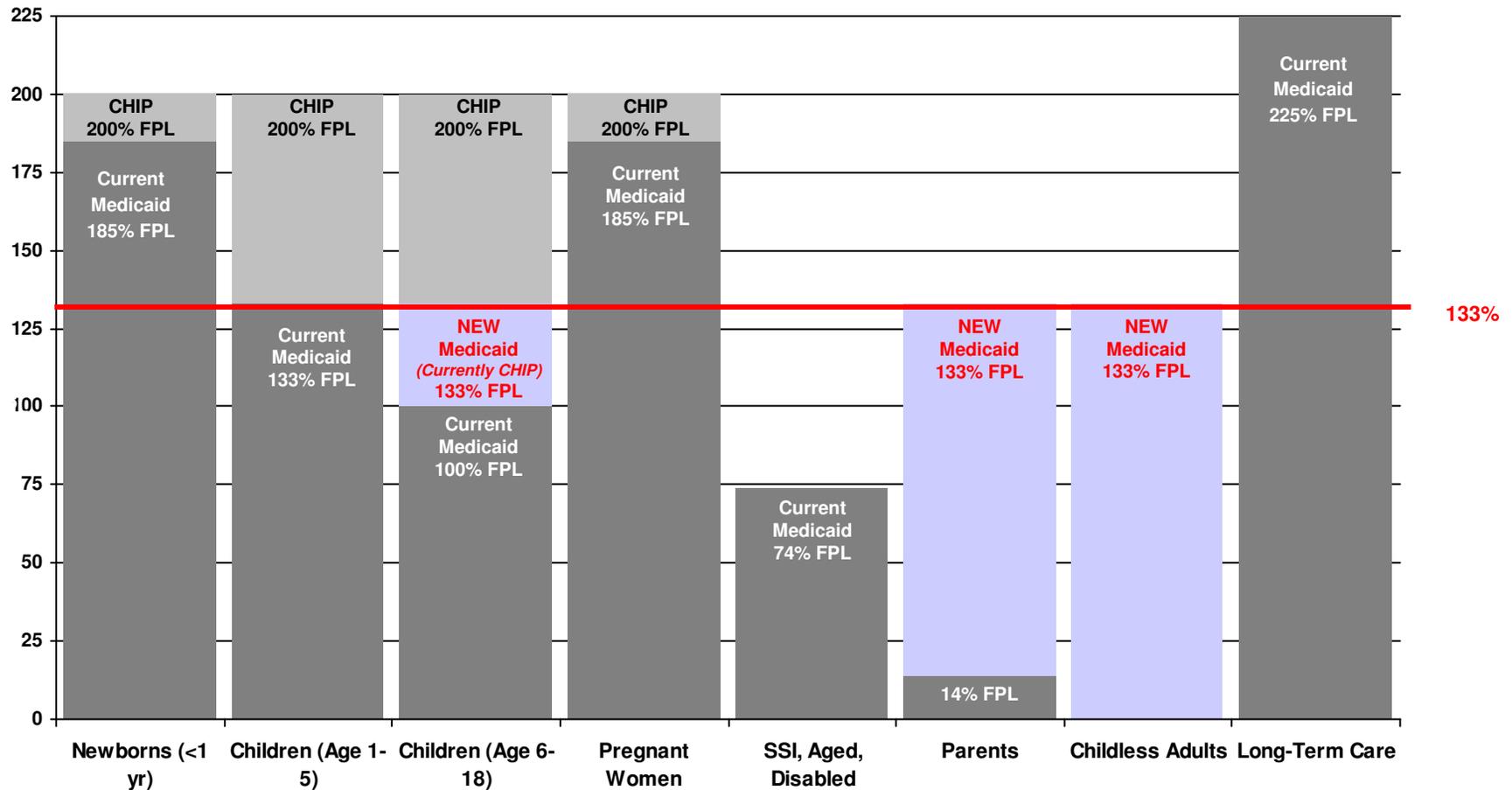


### Challenges:

- Depression
- Adrenal adenoma
- Bipolar Disorder
- Chronic back pain

- ▶ Mary has multiple psychosocial stressors due to being the sole caretaker of her disabled son. Because of money troubles, she was not taking her medications regularly nor going to the doctor. She had applied for disability due to not being able to use her hands any more as a cook and due to depression, but was denied.
  - ▶ **Services:** With the assistance of her DMIE Case Manager, she received vocational counseling, psychiatric counseling, health information and support, job training, dental and vision services, and free medications and doctor visits.
  - ▶ **Outcomes:** Mary now takes her medications as prescribed and follows all doctor's orders. She has regained her self-esteem and is now working 30 hours per week as a clerk. She is studying for her GED and hopes to continue her education to get an associate's degree.
  - ▶ *"My Case Manager was able to encourage me to see a better perspective on life. I was able to acquire a job with the assistance of my Case Manager."*
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# Medicaid/CHIP Eligibility Levels Current & Future (2014)



# Texas Health Care Coverage – Post Implementation

