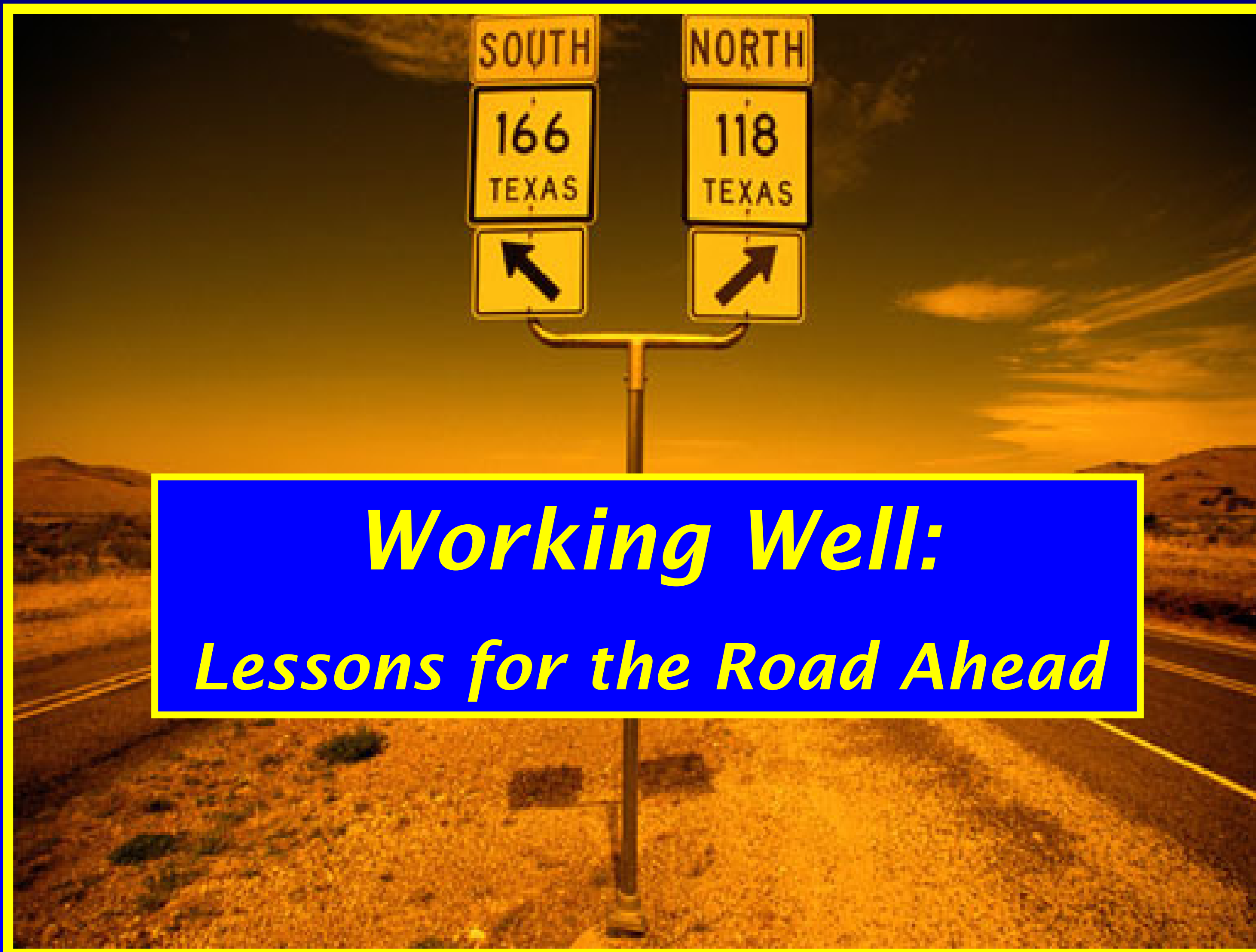


Dena Stoner, Senior Policy Advisor

Texas Department of State Health Services

dena.stoner@dshs.state.tx.us

What is "Working Well?"

- The Texas Demonstration to Maintain Independence and Employment (DMIE)
- Rigorous, scientific design (randomized, controlled trial) with 1600+ participants in Houston, TX (Harris County)
- Working Well began serving people on 4/30/2007, 6/2/2008 all participants were enrolled. Interventions ended 9/30/09.
- Findings provide lessons for enrolling and serving new adult Medicaid expansion population under national health care reform

Houston: 2010

Uninsured in Texas

- **28 percent** of working adult Texans are **uninsured** (highest rate in the nation)
- 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 demand.
- Workers find challenges in navigating such systems

Uninsured in Houston

Lessons for Health Reform

- What are the characteristics of the Medicaid expansion population?
- What techniques have most promise for enrolling the expansion population in Medicaid and benchmark plans?
- How can they be effectively engaged in accessing care and managing their health?
- What access issues will states face and how can they be addressed?

By the Year 2014

- 1.3 to 1.8 million additional adult Texans under 138% FPL could 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 expansion population.

* Texas Health and Human Services Commission estimates, 2010

Working Well Candidates

- **There was NO shortage of candidates.** Over 31,000 individuals met the study 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
- **Low education**: High school or less (63%)
- **Uninsured**: Few (20%+) had 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).

Functional Limitations

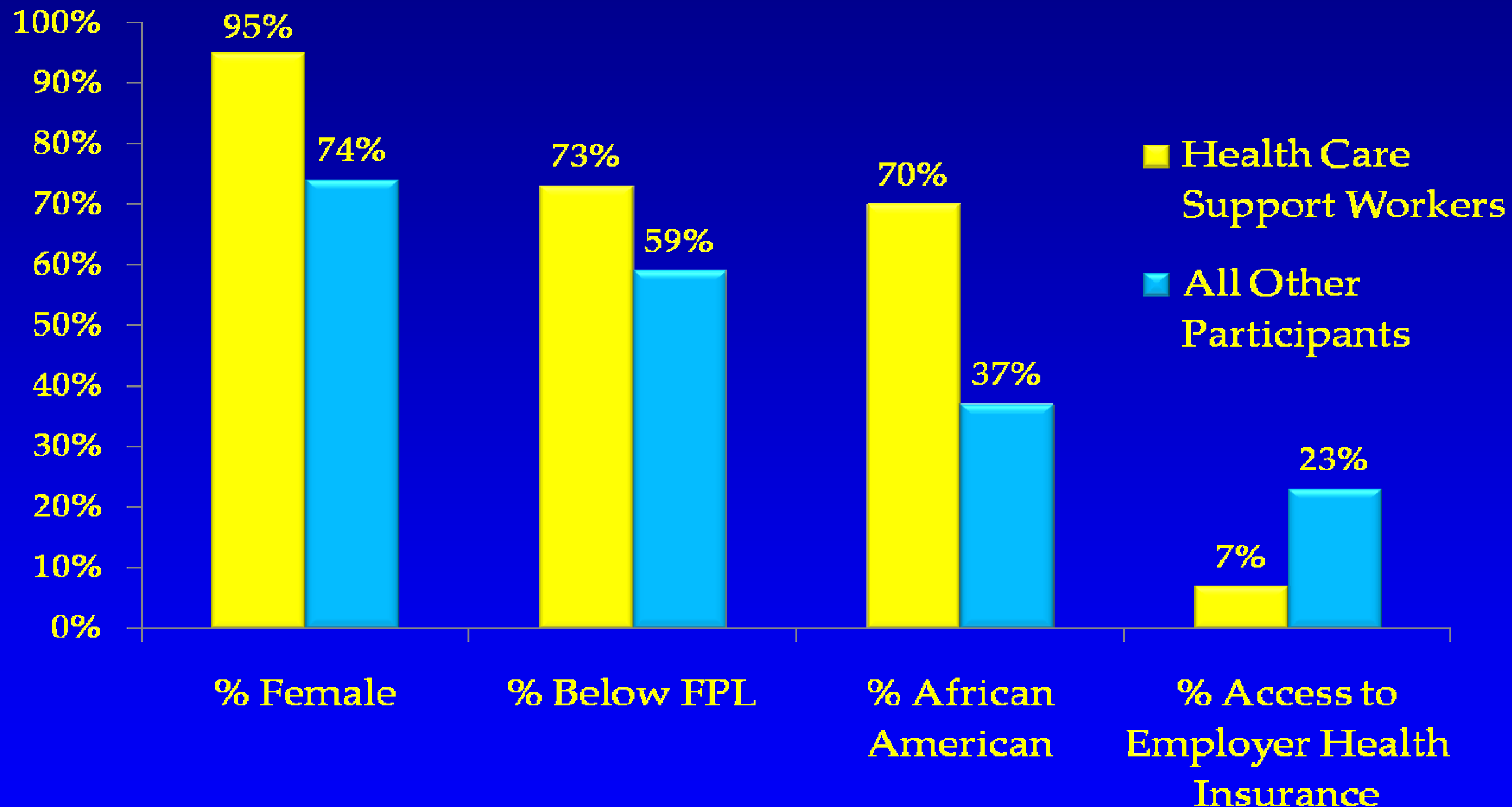
- ***ADLs***: difficulties with: Bathing; Dressing; Eating; Getting in/out of bed; Walking; Toileting

- ***IADLs:*** difficulties with: Meal Preparation; Grocery Shopping; Money Management; Using Telephone; Heavy Housework; Light Housework; Getting to Places Outside Walking Distance; Managing Medications

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. work of great importance to identity, health

Health Worker Disparities



In addition, health workers were significantly <u>more</u> likely to report chronic issues such as high blood pressure, arthritis, chronic back, neck pain

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 80 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)

Significant Outcomes

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

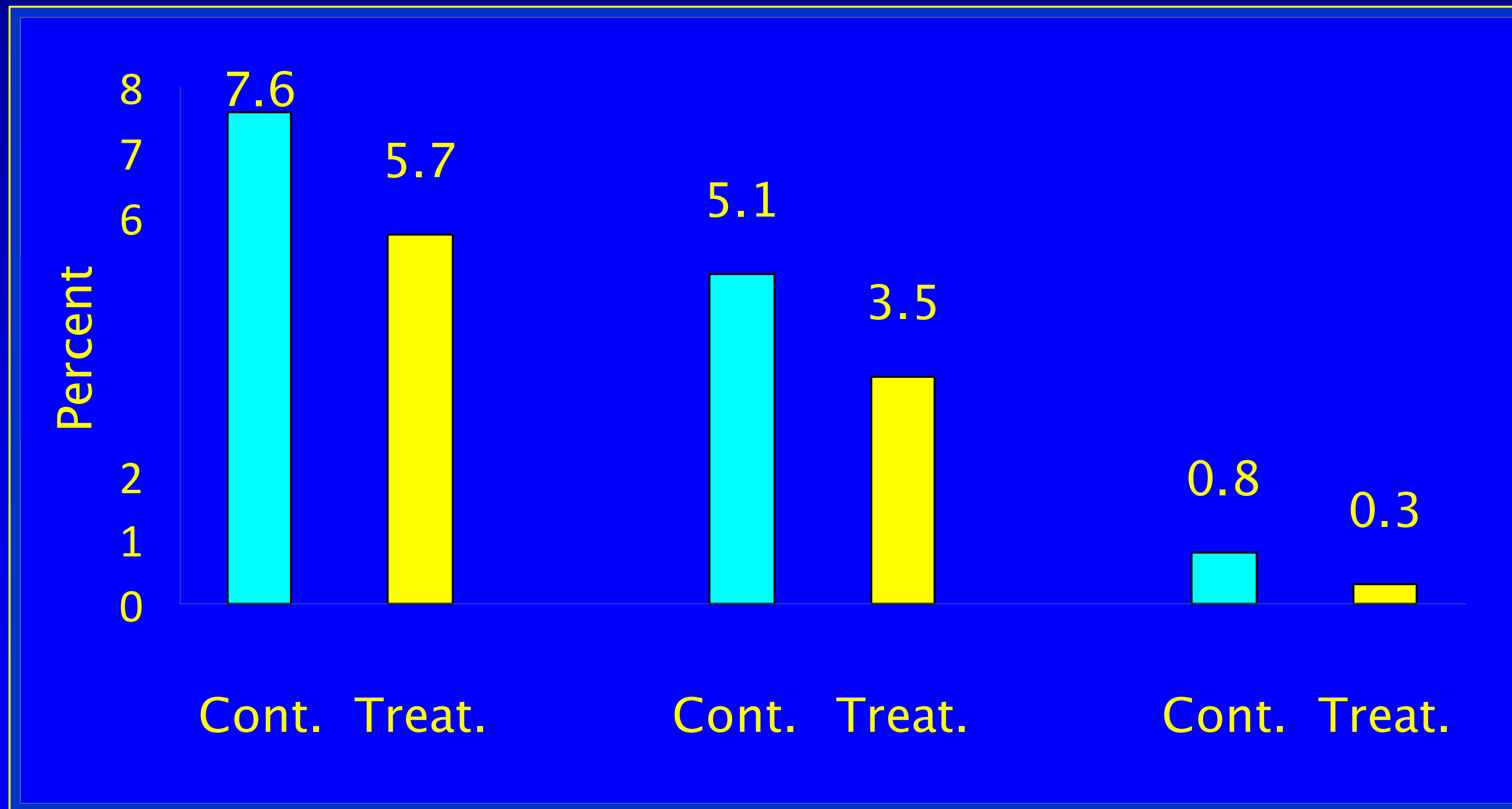
- More use of preventative care
- More outpatient visits
- Less delay in seeking / receiving care due to cost
- Greater adherence and persistence in taking prescribed medications for chronic conditions, more medical stability for chronic conditions
- greater satisfaction with healthcare received

Avoiding Disability

- Working Well **significantly** reduced SSI / SSDI applications and receipt of disability
- The largest cohort of intervention group participants (60%) were **half** as likely to receive SSI/SSDI as the control group.

Disability Applications Reduced

Texas Minnesota Kansas



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

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.
- 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.

Janie

is a personal care attendant. She has diabetes, epilepsy, hypertension, chronic depression, anxiety disorder and suffers from debilitating headaches. Janie's case manager obtained / arranged ***Working Well*** vision, dental and medical services for her. The case manager also provided employment counseling and medical education. Janie has been able to start and maintain a diabetic diet. Her symptoms have greatly improved and she is now receiving more money for her work.

Acknowledgements

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- *Working Well* is independently evaluated by the University of Texas Health Addiction Research Institute and Mathematica Policy Research Institute