Demonstration to Maintain Independence and Employment

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Webinar sponsored by NASMHPD's Financing and Medicaid Division

Working Well:

Lessons for the Road Ahead

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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

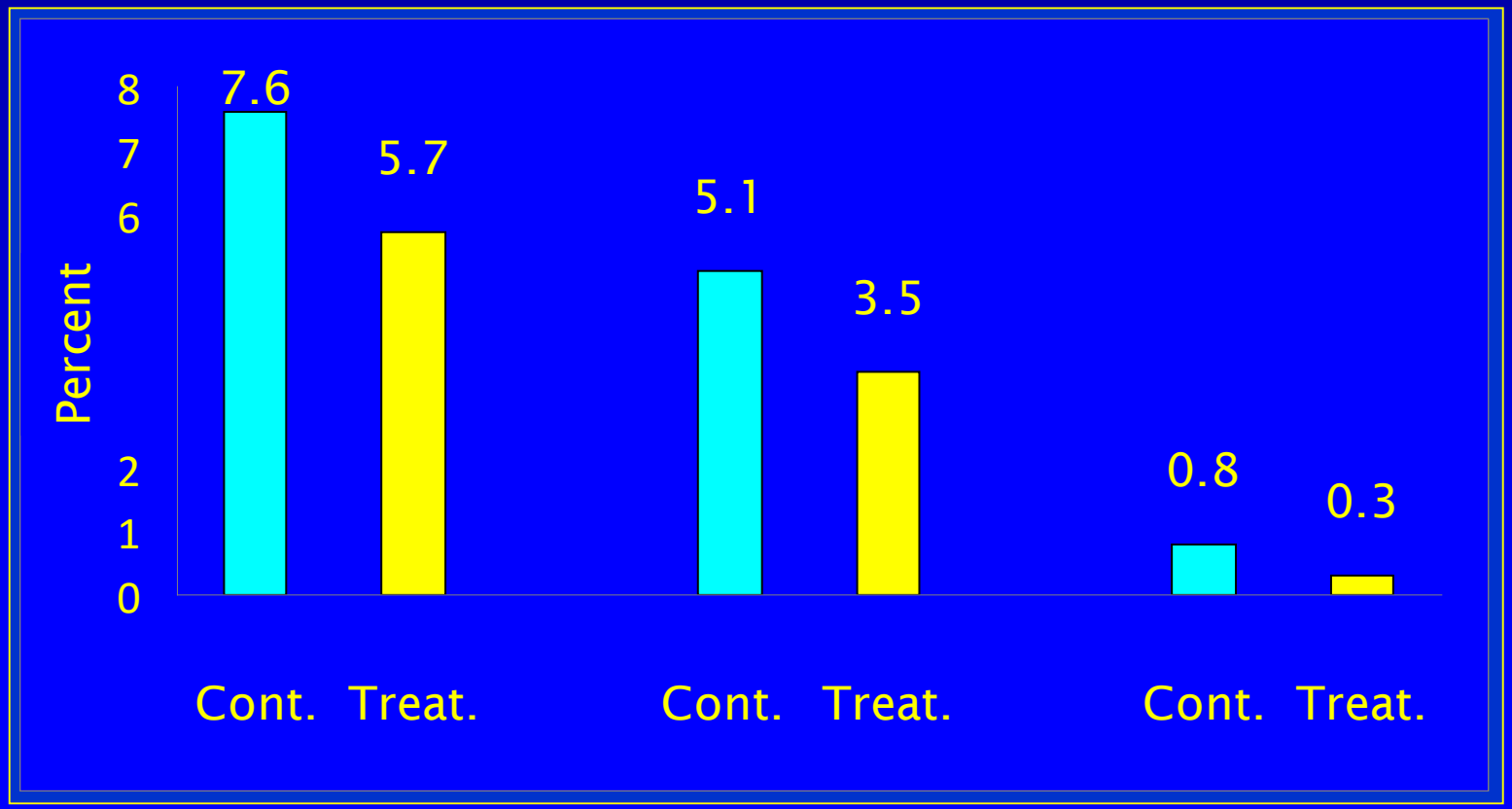
Avoiding Disability

- 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

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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 limitations (ADL))

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

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

www.staywellstayworking.com

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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