

***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 “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).

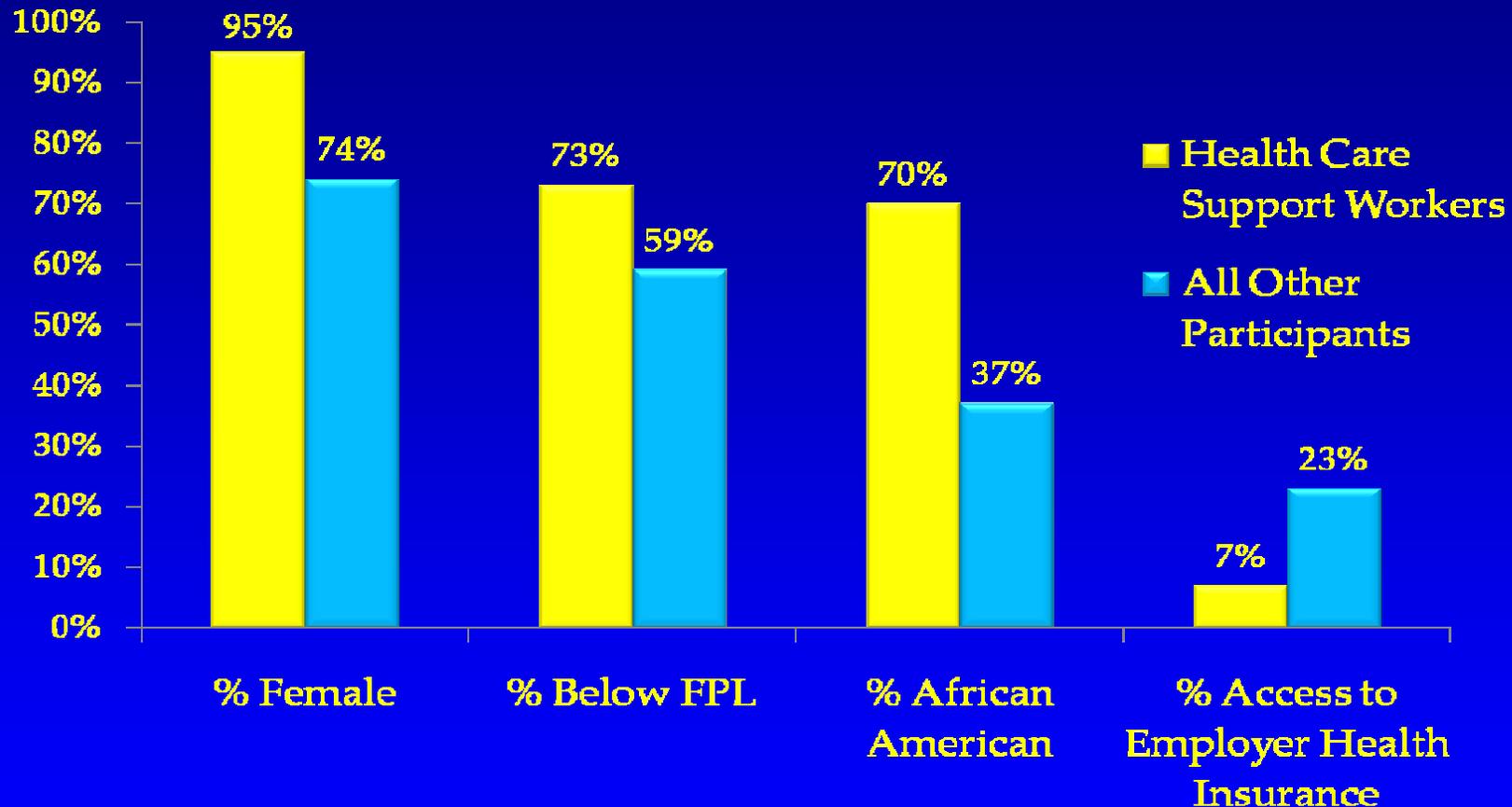
Functional Limitations

- *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 more 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

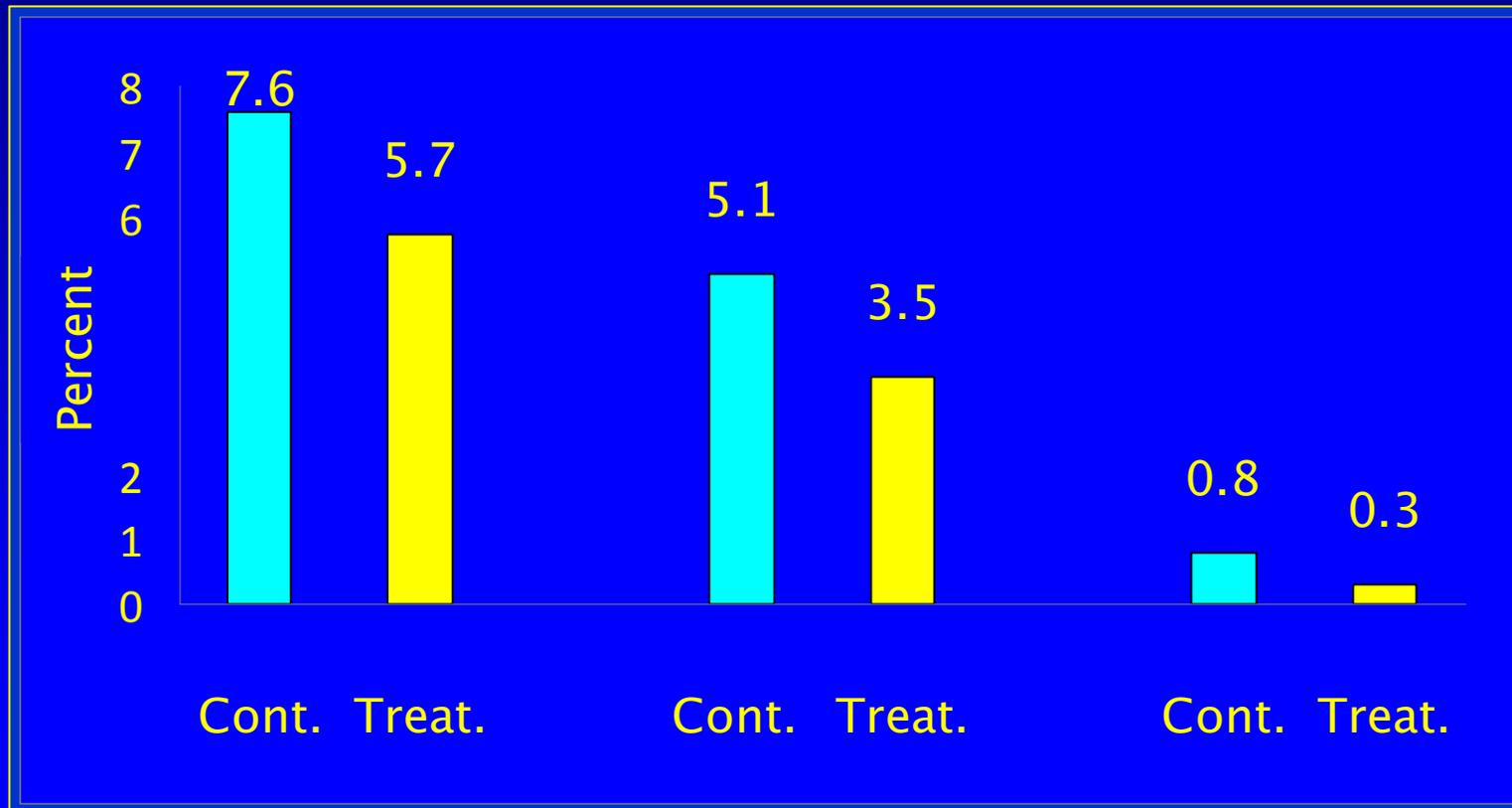
- Working Well **significantly** reduced SSI / SSDI applications and receipt of disability
- The largest cohort of intervention group participants (60%) were **half** as likely to receive SSI/SSDI as the control group.

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 visit (*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

- *Working Well* was funded under a grant from the Centers for Medicare and Medicaid Services
- The State Department of Health Services Mental Health and Substance Abuse Division developed and administered the Texas DMIE project
- Harris County Hospital District operated *Working Well*, provided local match and supplied data
- *Working Well* is independently evaluated by the University of Texas Health Addiction Research Institute and Mathematica Policy Research Institute