The Texas Demonstration to Maintain Independence and Employment (DMIE) examines whether or not working people with mental and/or behavioral health conditions can remain independent and employed if they are provided with health benefits and employment services.

In particular, case management involving health navigation can help patients utilize health care more effectively.

Objective

The following questions related to change in whether DMIE study participants experienced and the number of in-patient, emergency, and outpatient visits 12 months pre and post enrollment into study:

- Did the intervention group receiving health and employment supports differ from control group?
- Where there differences due to participant’s behavioral health diagnostic status?
- Did intervention group show differential change from control group depending on their behavioral health diagnostic status?

Methods

Population: Texas DMIE participants (N=1229) are working adults, between 21-60 years-old, and enrolled in HCHD’s Gold Card program. Participants also have a serious mental illness or other mental or substance abuse condition, coupled with a physical health condition that could lead to disability.

Key Measures: Based on ICD-9 behavioral health diagnoses, participants were classified into three groups:

1. Mental Health: Diagnosis of schizophrenia, bi-polar, depression anxiety. ADHD, reaction disorder
2. Dual-Diagnosis (DD): Same as Mental Health with addition of Alcohol or Drug abuse or dependence diagnosis.
3. Substance Abuse (AOD): Alcohol or Drug abuse or dependence diagnosis alone

Medical Encounters: Unique medical visits were defined by unique medical record number, data of visit, site of visit, and type of encounter (Provider visit, medical office visit, lab visit, and

Intervention: The intervention comprised a case manager who provided health navigation and employment supports, expedited health appointments, dental, vision, and no co-payments for medications or healthcare visits.

Introduction

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Objectives

The Intervention group was less likely to experience outpatient visits. Intervention participants in the DD group were less likely to experience emergency visits. Participants in the AOD group were more likely to experience emergency visits. Intervention participants in the DD group were more likely to experience outpatient visits. Intervention groups in the AOD group were less likely to experience outpatient visits.

Discussion

The findings indicate that the intervention is linked to increased access to outpatient health care which is expected to help reduce future emergency and outpatient visits across all three behavioral health groups. The finding that intervention group participants were more likely to access emergency services may be due to difficulty in accessing outpatient appointments within the HCHD system.

These findings should inform refinements in design and targeting of services for this both DD and AOD groups by increasing focus of caregivers on AOD issues. In particular, case management involving health navigation can help patients utilize health care more effectively.

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