



***Preventing Disability:
“Working Well” in Texas***

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The Cost of Disability

- By 2003, disabled workers in the US accounted for nearly \$65 billion of \$77 billion in federal disability benefits
- 28 percent of working adults in Texas are uninsured and do not have access to coordinated or integrated services
- Many uninsured workers with disabilities lose employment and turn to federal assistance
- 250,000 working age Texans with disabilities receive SSI and 380,000 receive SSDI
- Medicaid expenses for working age Texans = \$3.5 billion

What is “Working Well”?

- The Texas Demonstration to Maintain Independence and Employment
- Competitive federal grant from the Centers for Medicare and Medicaid Services (CMS)
- Uses a rigorous scientific design
- Integrated health, mental health, substance abuse and vocational services to keep workers from becoming disabled

Study Design

- 1,616 participants randomized into two groups:
 - 904 intervention
 - 712 control
- Sample: Working adults 21 - 60 yrs. enrolled in Harris County Hospital District healthcare program
- Interventions (were provided or contracted by the District)
 - Free physical and behavioral healthcare, prescriptions, dental and vision care
 - Case management by masters level social workers, nurses, and vocational counselors
 - Individual planning, advocacy and coordination
 - Navigation of health system
 - Connection to community resources
 - Employment/vocational supports

Who is Working Well?

- Serious Mental Illness (11%), Behavioral + serious physical conditions (89%)
- Most common physical health issues based on ICD-9 diagnoses: Musculoskeletal, Respiratory, Diabetes, Neurological, COPD
- Female (76%), Minority (72%), middle-aged (70% > 45 yrs)
- High school diploma or less (62%)
- Income < 100% FPL (48%), < 200% FPL (87%)
- Under 25% have access to employer-sponsored insurance
- Work on average 33 hours per week
- 41% report at least one functional limitation (ADLs and/or IADLs)
- Self-reported health conditions include high blood pressure (57%), depression (51%), anxiety disorder (32%), diabetes (29%)

Group Difference: Federal Disability

- Intervention group participants recruited by mail/telephone (60% of participants) were half as likely to receive SSI/SSDI as the control group.
- Few individuals went on disability in the short study time period

Sub-Group	Sample Size	Intervention	Control	Difference	Significance (p-Value)
Mail/Phone	869	2.9%	5.6%	-2.7%	0.05
In-person	599	6.3%	6.0%	0.2%	0.89

Group Difference: Access to Healthcare

- Significantly more intervention participants (89.5%) have accessed outpatient care in the past year than control (80.1%).
- Use of mental health services has increased significantly in the intervention group and decreased in the control group.

Outcome	Sample Size	Intervention	Control	Difference	Odds Ratio	Significance (p-Value)
Percent utilizing mental health services (self-reported)	1465	26.9%	20.9%	6.0%	1.61	0.00*
Percent utilizing outpatient services (HCHD-reported)	1470	89.5%	80.1%	9.4%	2.34	0.00*
Percent seen in a mental health pavilion (HCHD-reported)	1470	17.8%	9.5%	8.3%	2.46	0.00*

Group Difference: Satisfaction with Healthcare

- Intervention participants who were not satisfied at enrollment, were more likely to be satisfied with healthcare at 12-months (58%) than the Control group (45%).
- Participants who were satisfied or very satisfied at enrollment, were as satisfied with overall healthcare at 12-months. (Intervention - 85%, Control group - 81%)

Group Difference: Employment Outcomes

- The intervention group reported slightly more hours worked, income, and work effort.

Outcome	Sample Size	Intervention	Control	Difference	Percent Difference	Significance (p-Value)
Total hours worked in past year (mean)	1423	1,528	1,504	24.1	1.6%	0.42
TWC-reported job earnings - individual (mean annual earnings)	1343	\$14,162	\$14,115	\$46	0.3%	0.91

Impact of Intervention Services

- People in greater need got more case management
- Higher Case Manager hours were related to greater mental health access
- High levels of case management were related to:
 - Higher TWC income and earnings
 - More positive work impact, work goals and intention to continue working
 - Less likely to report needing emergency care and fewer emergency care visits
 - Fewer outpatient visits
 - Greater satisfaction with healthcare overall

Case Management Strategies

Effective engagement strategies include:

- Encouraging participants to be more proactive (empowered) in managing their health and employment;
- Providing supportive counseling, vocational assistance and referrals to community resources;
- Facilitating communication with the health care team; and
- Using motivational interviewing, reflective listening, and insight induction.



Juan

- was at risk of losing his delivery job. Before joining *Working Well*, he 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.

Conclusions

- The majority of the intervention group is receiving SSI/SSDI at a significantly lower rate than control group.
- The intervention group has increased access to health care, including outpatient services, prescription drugs and specialty services (mental, dental and optical care)
- Intervention group participants report satisfaction with case management, reduced costs and improved access.
- ACG health morbidity scores can be effectively related to health outcomes and could be used to identify persons needing assistance.
- Health navigation relates to better outcomes
- More time is needed to determine if differences are actual trends and can be sustained.