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

<table>
<thead>
<tr>
<th>Sub-Group</th>
<th>Sample Size</th>
<th>Intervention</th>
<th>Control</th>
<th>Difference</th>
<th>Significance (p-Value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail/Phone</td>
<td>869</td>
<td>2.9%</td>
<td>5.6%</td>
<td>-2.7%</td>
<td>0.05</td>
</tr>
<tr>
<td>In-person</td>
<td>599</td>
<td>6.3%</td>
<td>6.0%</td>
<td>0.2%</td>
<td>0.89</td>
</tr>
</tbody>
</table>
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.

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Sample Size</th>
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<th>Control</th>
<th>Difference</th>
<th>Percent Difference</th>
<th>Significance (p-Value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total hours worked in past year (mean)</td>
<td>1423</td>
<td>1,528</td>
<td>1,504</td>
<td>24.1</td>
<td>1.6%</td>
<td>0.42</td>
</tr>
<tr>
<td>TWC-reported job earnings - individual</td>
<td>1343</td>
<td>$14,162</td>
<td>$14,115</td>
<td>$46</td>
<td>0.3%</td>
<td>0.91</td>
</tr>
<tr>
<td>(mean annual earnings)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
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
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.