Access to Health Care Among Low-Income Working Adults at Risk of Disability: Impact of a Case Management Program

Lynn Wallisch PhD, Tom Bohman PhD, Kristin Christensen MSSW, Patricia Bennett MS, Richard Spence, PhD
Addiction Research Institute, School of Social Work, University of Texas at Austin
Dena Stoner, Tim Weatherby, Allen Pittman MSSW – Texas Department of State Health Services
Doris Chimera RN, MA, MHA – Harris County Hospital District; Britta Ostermeyer MD, Brian Reed MD – Baylor College of Medicine

Objective

This poster examines the impact of a program of medical benefits and case management on health care access, utilization and satisfaction, and receipt of federal disability benefits (SSI/SSDI), for low-income workers at risk of disability.

The Texas DMIE Study

•*Working Well*, the Texas Demonstration to Maintain Independence and Employment (DMIE), is a federally-funded research study that measures the effect of access to health and employment benefits on working people with major health conditions who are at risk of becoming disabled.

•The study was implemented at the Harris County Hospital District, a public healthcare system that serves ~500,000 primarily low-income, uninsured residents of the Houston area each year.

•Participants were **working adults** with either **serious mental illness** (bipolar disorder, schizophrenia or major depression) or a combination of **behavioral and physical health conditions** that could potentially lead to disability. They were **not receiving or actively seeking federal disability benefits** (SSI/SSDI) at study entry.

•All participants had access to Medicaid-like standard care provided through the public hospital system. **Added DMIE services** for the intervention group included expanded vision and dental services, enhanced mental health and substance abuse services, expedited appointments, and no co-pays for visits or medications.

•A major benefit provided by the intervention program was comprehensive **case management**, delivered by specially-trained nurses, social workers and vocational specialists. Case management included:

→ individual goal-setting and planning
→ advocacy
→ help with navigating the health care system
→ connection to community resources
→ employment/vocational supports
→ motivation, empowerment.

Participants had, on average, 1-2 contacts per month with their case manager.

Methods

•The 1,616 participants were randomized to an intervention group (N=904) or a control group (N=712).
•Data come from participant surveys done at study entry and 18 months, and from hospital district medical records.
•93% of the intervention group and 90% of the control group completed an 18-month survey.
•Analyses of the dichotomous outcomes shown here used logistic regression and controlled for gender, race/ethnicity, age, behavioral diagnosis, occupation, overall health status, recruitment group, and baseline value of each variable

Demographic Characteristics of Participants

•DMIE participants were predominantly **female** (77%), **middle-aged** (mean=47) and **minority** (40% African American, 30% Hispanic). About 30% had not graduated from HS. One-quarter were currently married, one-quarter owned their own home, and almost 80% had children. Average **household income** was about $18,000.
•About 11% had a diagnosis of **severe mental illness** and 89% had other behavioral health disorders (e.g. anxiety, non-clinical depression) coupled with physical health problems, such as diabetes or heart disease.
•There were no differences in these characteristics at baseline between the intervention and control groups.

Health Care Access

•The intervention group was significantly less likely to report having delayed or been unable to get health care due to cost.

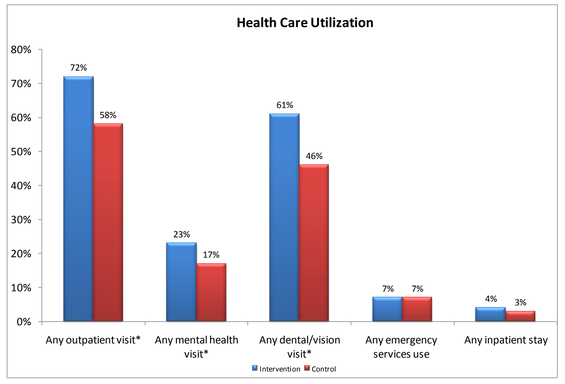
Needed but delayed or unable to get due to cost

Health service:	Intervention	Control
• family doctor*	18%	28%
• specialist*	20%	28%
• hospital care*	11%	17%
• surgery*	9%	13%
• dental care*	28%	34%
• f ill a Rx*	13%	26%
• medical equipmt*	6%	9%

*Difference is significant at p<.05

Health Care Utilization

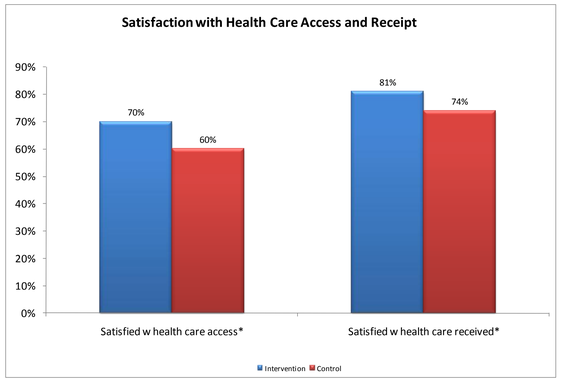
•The intervention group was more likely to have had an outpatient visit, a mental health-related visit, and/or a dental/vision visit in the past year.
•Use of emergency and inpatient services was low and similar for both groups.
•Intervention participants were more likely to receive prescriptions, and to be adherent to and persistent with their medications.



*Difference is significant at p<.05

Satisfaction with Health Care Access and Receipt

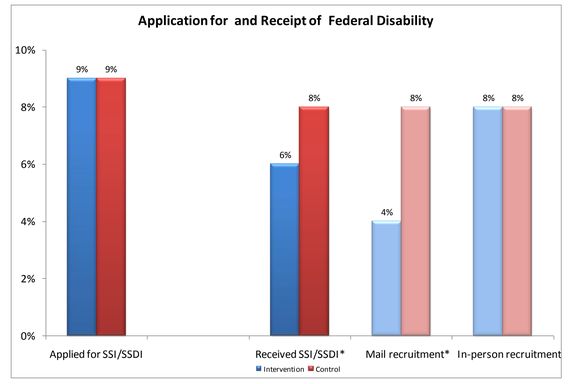
•The intervention group was significantly more likely to report satisfaction with their access to health care and with the health care they received during the course of the study.



*Difference is significant at p<.05

Application for and Receipt of Disability Benefits

• Based on self report, relatively few participants had **applied** for federal disability (SSI/SSDI) by 18 months (9% for both groups).
•The intervention group was slightly less likely to report having **received** benefits by 18 months (6% intervention, 8% control) (p<.05).
• The intervention seemed to benefit participants recruited by mail (among whom only 4% had gone on disability) more than those recruited in person. The mail recruitment group is hypothesized to have been more motivated to take full advantage of the DMIE program benefits.



*Difference is significant at p<.05

Discussion

•The findings from this study suggest that a program of comprehensive case management and subsidized medical co-pays can reduce delays in accessing health care, increase preventive care visits (e.g. outpatient, dental, mental health), increase satisfaction and possibly help forestall dependence on disability benefits in a sample of low-income, primarily minority working adults in a public health care system who have significant mental and physical health issues.

•Typical comments about the program from intervention participants included the following:

→ Having a case manager who supported and advised me and helped me better understand my medical problems and test results was very helpful.
→ It saved my life and my relationship with my husband. It opened my eyes to what was wrong with me.
→ The DMIE made me more proactive in my health care. I understand now that I am in control of my health and I am changing the way I approach my doctor's appointments and the way I manage my medications.

Presented at the 2010 Society for Disability Studies Conference, Philadelphia, June 2-5, 2010. The DMIE project is supported by a grant from the Centers for Medicare and Medicaid to the Texas Department of State Health Services.