

# **The Effects of Health Care Benefits for new SSDI Beneficiaries**

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# Background

- Social Security Disability Insurance program is largest cash transfer program for workers with disabilities
- Few SSDI beneficiaries return to work
- New SSDI beneficiaries must wait up to 24 months from receiving cash benefits to qualify for Medicare
- Research question: can providing health care benefits to new uninsured SSDI beneficiaries
  - increase use of health care
  - improve health outcomes
  - increase employment?

# Overview of Accelerated Benefits Demonstration (AB)

- Target population: New SSDI beneficiaries who
  - Are uninsured
  - Are under age 55
  - Have at least 18 months until Medicare eligibility
  - Live in one of 53 metropolitan areas
- About 2000 individuals randomly assigned to three groups
  - AB: Receives a generous health plan
  - AB Plus: AB health plan + employment and medical supports
  - Control group: No additional services
- Study team
  - MDRC and Mathematica conducting the evaluation
  - Conceived and funded by Social Security Administration
  - Health benefits administered by POMCO
  - Services provided by CareGuide and TransCen

# Overview of interventions

## ■ AB health benefits

- Expansive network that covers preventive care, hospital visits, prescription drugs, hearing, vision, and dental services
- Promising types of specialized therapies, along with rehabilitation supports (e.g., durable medical equipment)

## ■ AB Plus services

- Medically based care management to identify and stabilize health issues impeding return to work
- PGAP, a behavioral program to incrementally change daily routines
- Employment and benefits counseling
- All services provided by telephone

# Characteristics of sample at study entry

Characteristic	Percent of sample
Difficulty with instrumental activities of daily living	93.6
Personal or emotional problem limits daily activities	82.1
Postponed getting medical care in past 6 months	57.7
Used prescription less than prescribed in past 6 months	53.9
<b>Primary impairments</b>	
Mental disorders	22.0
Neoplasms (cancer)	8.2
Circulatory	11.6
Musculoskeletal and connective tissue	19.4
Nervous system	16.8

# Impacts on health care use through 6 months

Outcome (%)	Program Group	Control Group	Estimated Effect	P-value
Any health insurance	100.0	24.2	75.8	
Saw any doctor	91.9	84.9	7.0	0.02
Regular source of care	82.3	71.7	11.6	0.01
3 or more doctor visits	60.0	41.9	18.1	<.0001
Regularly takes medications	90.2	80.0	10.2	.002
Visited Emergency Dept.	36.6	27.8	7.8	0.04
Admitted to hospital	23.3	15.8	7.5	0.04
Sample size	289	194		

# Impacts on unmet medical needs through 6 months

Outcome (%)	Program Group	Control Group	Estimated Effect	P-value
Postponed care	32.2	58.8	-26.6	<.0001
Did not get medical care	19.2	41.5	-22.3	<.0001
Did not see doctor because of cost	34.0	59.7	-25.7	<.0001
Did not fill prescription	51.1	60.5	-9.4	0.04
Monthly out-of-pocket costs > \$100	12.5	31.1	-18.6	<.0001
Sample size	289	194		

# Summary of Findings

## ■ Promising start

- Strong demand and potential need for services
- High use of services by program group
- Increased use of health care
- Reduction in unmet needs

## ■ Area of concern

- Increased use of ED, hospital will require large impacts on health and employment to be cost-effective

## ■ Next step

- 12-month survey to look at health and employment

# For more information

Wittenburg et al. (2010), *Six-month Results from AB*, available at [www.mdrc.org](http://www.mdrc.org)

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