

# Social Determinants of Health: Mitigating Social Isolation & Loneliness

## “Friendly Caller Program”

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## Background

Social isolation and loneliness are social determinants of health (SDOH) that affect the health outcomes of populations locally and globally. Regardless of demographic backgrounds, anyone could experience these SDOH.<sup>1</sup> Although the terms are used interchangeably, the definitions of each differ. While “loneliness is defined as the subjective feeling of being alone (perceived isolation)... social isolation refers to a complete or near-complete lack of contact with society, and it relates to a quantifiable number of relationships (actual isolation).”<sup>2</sup>

The impact of these factors on health outcomes has been compared to that of smoking.<sup>2</sup> Loneliness can raise levels of stress hormones and inflammation, which can increase risk of heart disease, arthritis, Type 2 diabetes, dementia, and suicide attempts.<sup>3</sup> Medicare spends more on socially isolated adults than for their counterparts at an estimated \$6.7 billion additional annual spending.<sup>4</sup>

Addressing these SDOH aligns with UCSF’s True North Patient Experience Pillar with which the system strives to promote quality and equity of care and improve health outcomes for all patients.

What began as anecdotal awareness within the OPH Care Support Program, has been substantiated in the data from our 2019 MSSP attribution. Across all empaneled adults in the UCSF MSSP ACO we have a rate of 13.9% (~1,050 patients) with the Social Isolation indicator. This reinforces the need to explore methods to abate this psychosocial concern.

### PROBLEM STATEMENT:

As social isolation and loneliness increasingly gain attention for the severity of the impact on health outcomes, UCSF has an opportunity to develop gap specific interventions for mitigating this often overlooked health condition.

## Project Goals

### To build a sustainable intervention program for UCSF patients with social isolation and loneliness by:

- Leveraging the compassionate work of the UCSF Volunteer Services
- Promoting quality and equity of care
- Providing an outreach service to identified at-risk patients
- Establishing a channel focused on social connectedness
- Improving patients’ engagement in self-care and overall health
- Identifying an approach for mitigating loneliness
- Exploring methods for studying the impact on health outcomes

### Citations

<sup>1</sup>Cacioppo, S., Grippo, A. J., London, S., Goossens, L., & Cacioppo, J. T. (2015). Loneliness: Clinical Import and Interventions. *Perspectives on Psychological Science*, 10(2), 238-249. doi:10.1177/1745691615570616

<sup>2</sup>Perissinotto, C., Holt-Lunstad, J., Periyakoil, V. S., & Covinsky, K. (2019). A Practical Approach to Assessing and Mitigating Loneliness and Isolation in Older Adults. *Journal of the American Geriatrics Society*, 67(4), 657-662. doi:10.1111/jgs.15746

<sup>3</sup>Brody, J.E. (2017, December 11). The Surprising Effects of Loneliness on Health. *The New York Times*. Retrieved from <https://www.nytimes.com/2017/12/11/well/mind/how-loneliness-affects-our-health.html>

<sup>4</sup>Flowers, L., Houser, A., Noel-Miller, C., Shaw, J., Bhattacharya, J., Schoemaker, L., & Farid, M. (2017). Medicare Spends More on Socially Isolated Older Adults. AARP Public Policy Institute, (125), 1-15. Retrieved from <https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf>.

Special thanks to Margo, our UCSF Volunteer!

## Project Plan and Intervention(s)

**Our intervention to mitigate social isolation and loneliness was to build a sustainable telephonic outreach program powered by UCSF volunteers. In developing the Friendly Caller Program, we considered the following key elements:**

- We became aware of the growing body of literature surrounding this health determinant
- We aimed to partner with the compassionate workforce in UCSF Volunteer Services
- We envisioned a targeted outreach model in a proactive construct
- In an ongoing effort to optimize patient experience, we intended to establish a durable program plan that could serve all of Population Health clinical programs
- We understood the imperative to protect patient health information

### Program Planning:

- Collaborate with UCSF Volunteer Services to learn about incorporating a volunteer for the program
- Create workflows, scripts, escalation process, training, and orientation for the volunteer
- Format patient caller log considering volunteer would not have access to electronic medical records
- Establish a consistent day and time for calls
- Design an informational and inviting flyer for participants to foster engagement and trust in our FCP
- Ensure RN or SW support is always available to volunteer
- Population Health team members identify patients for inclusion
- Consent for participation is documented in APEX
- Include debrief with clinician at end of each volunteer shift to identify any concerns and promote a supportive environment

#### Friendly Caller Program (FCP) Patient Identification and Screening Workflow

**Initial Pilot Identification Process:**

- Triad members will identify patients currently engaged with their team, who may be experiencing social isolation and loneliness and who may benefit from a “Friendly Caller.”
  - o Triad members will send identified patient’s name and MRN to FCP point person

**Initial Screening Workflow:**

- FCP volunteer will call patients on patient list procured by Volunteer Supervisor.
- If FCP volunteer reaches patient, they will introduce program, confirm engagement status, and then ask the SF2 questions prior to continuing with the phone conversation.
  - o SF2:
    - In general, would you say your health is:
      - Excellent / Very Good / Good / Fair / Poor
    - Compared to three months ago, how would you rate your health in general now?
      - Much better / Somewhat better / About the same / Somewhat Worse / Much Worse
  - o FCP volunteer to capture patient’s response on paper patient list under appropriate column
  - o FCP volunteer will write down the date three months from first phone call on the patient list under “Notes section and label it “SF2 3 months f/u”
- At the end of the shift, volunteer will submit patient list to RN Coordinator
  - o RN coordinator will input patient response in REDcap
  - o RN coordinator will type in 3-month f/u date under patient’s name on the patient list for the next week as an on-going reminder for RN Coordinator and volunteer.
  - o In preparing for the next week, patients who have already completed SF2 at first phone call will have this column deleted from the patient list.
    - Column and questions will be reinstated within 10-14 weeks from first phone call.

**Follow-up Screening Workflow:**

- RN Coordinator will obtain updated patient list from Volunteer Supervisor. SF2 questions column will be added on the list for patients who have an upcoming 3-month f/u date noted under their name.
- FCP volunteer will call patients on patient list given to them by the RN Coordinator.
- If FCP volunteer reaches patient, they will ask the SF2 questions.
  - o FCP volunteer to capture patient’s response on paper patient list under appropriate column
- At the end of the shift, volunteer will submit patient list to RN Coordinator.
  - o RN coordinator will input patient response in REDcap.

#### Friendly Caller Program (FCP) Volunteer Orientation Checklist

**Before the first day**

- o Complete training on the scheduling platform (checking in/out of shifts)
- o Obtain UCSF Volunteer ID badge
- o Obtain UCSF Volunteer uniform
- o With the FCP Volunteer Supervisor, set up shifts with same and consistent day and time (with a weekly 3-4 hour max in a minimum of 6 months)
  - o FCP preferred dates of shifts: Wednesday and Thursdays between 10 am – 6 pm

**On the first day**

- o View the Friendly Caller Program Orientation PowerPoint Presentation
- o Read the two articles cited in the PowerPoint and:
  - o <https://www.ucsf.edu/news/2012/06/12184/loneliness-linked-serious-health-problems-and-death-among-elderly>
- o Read the program’s workflows and scripts:
  - o Identification and Screening
  - o Suicidality Escalation
  - o First Phone Call Workflow and Script
  - o Subsequent Phone Call Workflow and Script
- o Practice phone call scripts with the Volunteer Supervisor
- o Role play phone conversation scenarios
- o Complete training on how to use desk phone (how to use headset, etc)
- o Introduction to Care Support Program’s Complexity Team members

#### FCP Volunteer Orientation PowerPoint Slides

#### Excerpt from the Friendly Program Scripts

**If patient is having difficulty initiating conversation, use the following icebreaker topics:**

- What did you do today?
- Do you have any plans this afternoon/evening?
- What interesting thing happened to you this week?
- What did you have for breakfast/lunch?
- Are you originally from San Francisco?
- Childhood memories:
  - oWhat was your first childhood memories?
  - oWho was your first best friend?

**Discussion topics to AVOID:**

- I’m checking in...
- What are your needs?
- How are you doing?
- How are you feeling?
- What can I help you with?

**Remember:**

- DO NOT provide any medical advice to the patient.
- If they have health concerns, empathize and say: **It sounds like you are having a rough time. Have you talked with your doctor about this?**
- Remind patient of the purpose of this phone call. Say: **I’m not here to give any medical advice, but it sounds like you need to call your clinic to get medical advice.**
- Suggest to hang up the phone so patient can call and talk to their doctor. Provide the clinic phone number and try to schedule next phone call.
- If patient presents suicidality: see Friendly Caller Program Suicidality Escalation Protocol
- Refrain from disclosing personal information with the patient
  - Remind patient when there is only 5 minutes left of the conversation, wrap it up, and schedule your next phone call
  - Take notes of things that seem pertinent for Care Support Program to know
  - At the end of the shift, review your notes and patient list and debrief with the Volunteer Supervisor

#### Friendly Caller Program Suicidality Escalation Workflow

**Responding to suicidal, homicidal, psychosis (post attempt, thinking about or planning to harm self or others) OR vague or concerns (no active symptoms):**

- Do not hang up the phone
- Tell patient that you will hand the phone so that they could speak with someone else about their concerns
- Stay on the phone until you can physically hand the patient to the “on-call” clinician
  - o The Care Support Program LCSWs will rotate as the “on-call” clinician of the FCP Volunteer’s shift.
  - o If LCSWs are unavailable, then pass the patient over to an Advance Practice Nurse or the Volunteer Supervisor
    - “On-call” clinician will document this encounter as a Telephone Encounter in APEX
- Debrief with the Volunteer Supervisor at the end of the shift.

#### UCSF Health Friendly Caller Program

The UCSF Care Support Program is offering a new service for our patients who may benefit from a weekly call from a volunteer.

The Friendly Caller Program volunteer actively listens and provides emotional support.

Callers do not have access to your personal health information, and therefore cannot provide clinical advice. There will be an on-call registered nurse and social worker to help direct the call should there be any clinical concerns that arise.

Please expect an initial call from a UCSF volunteer on a Wednesday between 12 p.m. and 4 p.m.

## Project Evaluation & Impact

**The Friendly Caller Program was launched on January 23, 2019 with the following details:**

- One volunteer was trained and completed the FCP Volunteer Orientation Competency Checklist
- On the launch date, the first session of outreach calls were conducted
- Established a standing schedule for Wednesday afternoon phone call sessions
- Each outreach session has one Care Support Program LCSW available for guidance, escalation, or debrief
- Standardized Call Log was designed for patient identification, reference, in-call notes, and debrief
- Every session includes preview of the Call Log with team clinician (RN or LCSW) then review and debrief on each patient to wrap up
- Expansion to the Care Transitions Outreach Program on April 8<sup>th</sup> and the Bundled Programs on May 3<sup>rd</sup> (programs within OPH)

**Since the launch of the Friendly Caller Program, its Impact is as follows:**

- Enrolled the first cohort of **20** patients with social isolation for weekly telephone outreach
- Included patients identified by two different clinical programs within Population Health
- Identified metrics of success:
  - Changes in SF-2 PROM (measured on activation, 3 months & 6 months)
  - Compare utilization (ED & IP) 6 months pre and post 1<sup>st</sup> call with FCP
  - Explore appointment pattern before and after engagement with FCP
  - Qualitative input from referring OPH Team Member by formal survey at 3 months
  - Capture a subjective understanding of what is most helpful about FCP participation from the patients’ perspective

## Next Steps, Dissemination & Lessons Learned

### Next Steps:

- Complete evaluation of the pilot with first 20 patients (based on metrics of success listed above)
- Anticipate expanding to a larger pilot after evaluation of the first
- Pilot incorporating the “UCLA Loneliness Scale”<sup>2</sup> into the identification process
- Consider Video Visits and leveraging GrandPads

### Dissemination:

- Expand to other clinical programs in OPH
- Current workflows, scripts, escalation process, training, and orientation materials could be shared at ACO conferences
- Submit findings and framework for publication in appropriate academic and lay literature

### Lessons Learned:

- Because patients and family members were suspicious of phone-based programs, we created a formal flyer that is mailed to the patient by the referring OPH staff member (easy reference for visiting family members)
- Included the referring staff member in the patient caller log for volunteer’s reference to help build rapport
- Patients are grateful for time spent making a human connection and having a listening ear
- More time is needed to evaluate the impact of this recently launched outreach program