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

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 phase
- Pilot incorporating the “UCLA Loneliness Scale” into the identification process
- Consider Video Visits and leveraging GrandPads

Dissertation:
- 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

Social Determinants of Health: Mitigating Social Isolation & Loneliness

Project Plan & Intervention(s)

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 8th and the Bundled Programs on May 3rd (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) monthly pre and post 1st call with FCP
  - Explore appointment pattern before and after of engagement with FCP
  - Qualitative input from referring OPM Team Member by formal survey at 3 months
- Capture a subjective understanding of what is most helpful for FCP participation from the patients’ perspective

Project Evaluation & Impact

The Friendly Caller Program

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 populations partly with 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 emancipated adults in the UCSF MSSP ACO we have a rate of 13.9% (‘1,050 patients) with the Social Isolation Indicator. This reiterates 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.

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. Although the terms are used interchangeably, they are defined differently. While “social isolation 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)”.

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

Addressing these SDOH aligns with UCSF’s True North Mission: "Promoting quality and equity of care and outcomes for all patients."

Citations


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