

June 2019

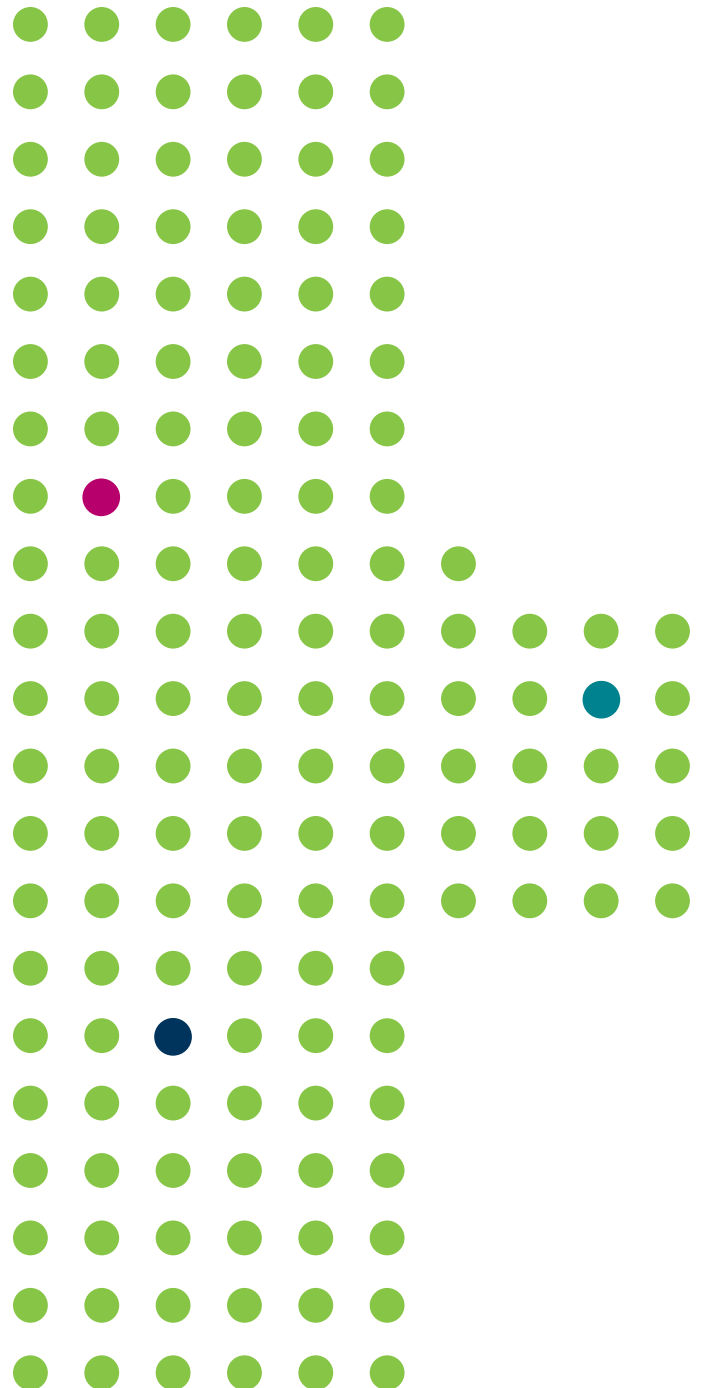
Loneliness and Social Isolation Issue Brief

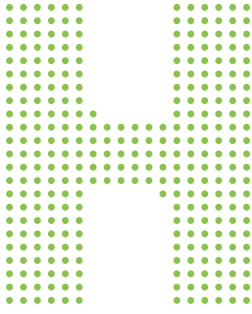
BOLD GOAL, POPULATION HEALTH STRATEGY
OFFICE OF THE CHIEF MEDICAL OFFICER

The intent of this brief is to increase knowledge and inform our stakeholders of opportunities to address social determinants of health, a core function of Humana's Bold Goal, population health strategy. Our Bold Goal is dedicated to improving the health of the communities we serve 20 percent by 2020 and beyond by addressing the health of the whole person.

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There is growing recognition that mental and physical well-being is impacted by social, environmental and economic factors. Loneliness and social isolation are two social determinants of health that can have indisputably negative impacts on people of all ages. Loneliness refers to the quality of relationships within a person's network and their sense of belonging and social support, while social isolation refers to the quantity and structure of a person's social network, contacts and participation in social activities.

In 2016, Humana committed to helping clinicians identify and address loneliness and social isolation because of the negative impact these determinants had on Healthy Days of the Medicare Advantage (MA) population.¹ Healthy Days is a measure of health-related quality of life developed by the Centers for Disease Control and Prevention. The Bold Goal, Office of Population Health, has led efforts to educate **clinicians** and **members** about both the health risks of loneliness and social isolation as well as potential interventions and resources for help.

More than a quarter of the U.S. population now lives alone. The senior population, one of the highest risk groups for social isolation and loneliness, is growing as baby boomers age and people live longer. Working-age and young adults can also feel lonely, particularly when adversely impacted by social media. These trends have focused international attention on the topic of social health.

By the numbers

42
million

Americans identify as being lonely, according to the American Psychological Association

\$6.7
billion

Annual additional Original Medicare fee-for-service spending due to social isolation, according to AARP's Public Policy Institute and Stanford University's Center on the Demography and Economics of Health and Aging

4X
increase

Likelihood of lonely patients to be rehospitalized within a year of discharge²

“

We live in the most technologically connected age in the history of civilization, yet rates of loneliness have doubled since the 1980s.

”

Vivek H. Murthy
Former U.S. Surgeon General

¹Stevenson, S., et al. (2018, November). Understanding the relationship between loneliness and health-related quality of life among a Medicare Advantage population. American Public Health Association Annual Meeting, San Diego, CA.

²Nicholas Nicholson (2012) A Review of Social Isolation: An Important but Underassessed Condition in Older Adults; The Journal of Primary Prevention June 2012, Volume 33, Issue 2, pp 137-152 <https://www.ncbi.nlm.nih.gov/pubmed/22766606>

What Humana is doing



Much of the early work conducted by the Bold Goal, Office of Population Health, focused on how to identify MA members who are lonely as well as understand their drivers of loneliness. After evaluating validated tools, the three-item UCLA Loneliness Scale was selected.³ This tool was used to screen a sample size of 11,000 MA members to assess their loneliness. These results, combined with demographic and claims data, allowed our Clinical Data Science team to build a predictive analytic model.⁴ As a result, we are able to better understand the risk of all MA members experiencing loneliness and tailor programs and benefits to better meet their specific needs.

With the predictive model and associated member segmentation, a number of innovative interventions are being tested, including:

Papa “Grandkids on Demand”

Through this program, a Papa Pal (college student) is matched with lonely MA members to provide companionship, house help, technology education and other general assistance. Our proof-of-concept pilot has been highlighted in the media, including recently in the [Wall Street Journal](#).

SilverSneakers®

While Humana has long offered this program to MA members, new research will help shed light on the mechanisms by which SilverSneakers membership reduces social isolation and loneliness. This will build on research conducted by Tivity Health, the company that offers SilverSneakers, and MIT AgeLab, which found that program participation increased physical activity and self-rated health as well as decreased social isolation and loneliness.⁵ Also notable is Humana’s collaboration with Tivity for nationwide events encouraging social connectedness during Active Aging Week in September 2018.⁶

Care.coach

Led by partners in Digital Health and Analytics, this proof-of-concept pilot supports members with complex chronic illnesses at home by leveraging human and technological capabilities—a pet avatar backed by a “health advocate.”

Humana At Home

Care managers with our Humana At HomeSM program began screening members for social determinants of health, including loneliness and social isolation, to enhance care management and planning. The care managers work with members individually to build a care plan that includes steps they can take to stay socially connected.

Projects on the horizon for 2019 include: examining how health navigators can help members reduce loneliness; understanding the role social media can play in encouraging seniors to increase their social connections; researching the connection between loneliness and behavioral health; identifying additional internal business integration opportunities for the loneliness predictive model and screening.

³Russell D. UCLA Loneliness Scale (Version 3): Reliability, validity and factor structure. *Journal of Personality Assessment*. 1996; 66:20-40.

⁴Steenhard, D., et al. (2018, June). Predicting loneliness, a social determinant of health, in a Medicare Advantage population. *AcademyHealth Annual Research Meeting*, Seattle, WA.

⁵Brady, S., et al. (2018, November). Reducing Isolation and Loneliness Through Membership in a Fitness Program for Older Adults: Implications for Health. *Journal of Applied Gerontology*.

⁶<https://press.humana.com/press-release/current-releases/survey-nearly-one-third-seniors-dont-feel-socially-engaged>

Political and regulatory landscape



Despite ample research that loneliness and social isolation can have detrimental impacts on health—they are more harmful than smoking 15 cigarettes a day¹⁴ and increase the likelihood of premature death by 2–5 times compared to those with strong social ties¹⁵—the **Centers for Medicare & Medicaid Services (CMS)** does not currently allow reimbursement for “social prescribing,” as previously described. However, MA organizations are required to coordinate benefits and services with community and social services generally available in the area served by the plan (§422.112(b)(3)).

In the 2019 MA Final Call Letter, CMS expanded the definition of “primarily health related” supplemental benefits, allowing MA plans greater flexibility to offer non-medical support and services to members with chronic conditions to help enhance quality of life and improve health outcomes. However, CMS guidance expressly excluded from the definition of “primarily health related” any items or activities that are primarily used for social determinant purposes.¹⁶ While the first year under this new guidance did not yield many innovative new benefits due to time constraints and a lack of clarity, some plans added non-skilled in-home care, respite care and nonemergency medical transportation, all of which could help address loneliness and social isolation of members and/or their caregivers.

Humana added a new respite care benefit to specific MA plans in Florida and Texas through Humana At Home, which provides in-home non-skilled services by a home health aide in order to provide members with support for activities of daily living and personal healthcare needs.

With the passage of Bipartisan Budget Act of 2018, which included the CHRONIC Care Act (see **SCAN Foundation policy brief** for summary), CMS has announced two new types of benefits for plan year 2020:

- **Special Supplemental Benefits for the Chronically Ill (SSBCI)**

The 2020 MA Final Call Letter allows MA organizations to provide supplemental benefits that are non-primarily health related and/or offered non-uniformly to eligible chronically ill enrollees. Specifically mentioned are “benefits to address social needs,” as well as transportation for nonmedical needs. Such transportation could include rides to a local community center, church, volunteer opportunity, etc.¹⁷

- **Value-Based Insurance Design (VBID)**

Center for Medicare & Medicaid Innovation (CMMI) announced a Request for Applications (RFA) for a new VBID model that will, for the first time, test the impact targeted benefit design based solely on socioeconomic status, as defined by low-income subsidy (LIS) status, has on the overall cost and quality of care.¹⁸


¹⁴<https://stayingsharp.aarp.org/art/connect/15/lonelinessdementia.html>

¹⁵Dave Clark (2014) Social Isolation and Physical and Sensory Impairment: Research Findings Report; Bristol City Council. https://www.bristol.gov.uk/documents/20182/34732_Social%20isolation%20and%20physical%20and%20sensory%20deprivation_0_0_0.pdf/393c572d-5eeb-4b01-b013-b7139843af8e

¹⁶<https://www.cms.gov/MEDICARE/HEALTH-PLANS/MEDICAREADVTGSPECRATESSTATS/DOWNLOADS/ANNOUNCEMENT2019.PDF>

¹⁷<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>

¹⁸<https://innovation.cms.gov/initiatives/VBID>



While CMS may not be directly calling for physicians and managed care organizations to treat social health, others are, such as the **Joint Economic Committee (JEC)**, a congressional advisory panel tasked with reviewing economic conditions and recommending improvements in economic policy. In 2017, the JEC launched the Social Capital Project, “a multi-year research effort that will investigate the evolving nature, quality, and importance of our associational life.”¹⁹

To date, actions of the JEC for this project include:

- Issuing a report titled, “An Invisible Tsunami: ‘Aging Alone’ and its Effect on Older Americans, Families, and Taxpayers,” to draw attention to the growing decline in social support for the elderly population²⁰
- Sending letters on behalf of Chairman-designate Mike Lee (R-UT) to the Congressional Budget Office and CMS asking for clarification on whether the agencies take social capital into account while formulating their healthcare cost projections for federal and state governments, and that if they do not, that they begin doing so²¹
- Creating a Social Capital Index, as well as state- and county-level maps and rankings²²
- Issuing a report and holding a hearing on “the state of associational life in America”²³
- Issuing reports on the opioid crisis, changing family structures, and volunteerism in America, among other topics²⁴

Also expressing interest in the public implications of growing social isolation and loneliness is the **Senate Special Committee on Aging**, which held a two-part hearing series in 2017. The first, “Aging Without Community: The Consequences of Isolation and Loneliness,” focused on the consequences,²⁵ while the second, “Aging With Community: Building Connections that Last a Lifetime,” examined macro solutions, focusing on age-friendly communities.²⁶ These hearings were meant to inform congressional members’ consideration of matters relating to the federal budget, infrastructure investments, consumer protection and access to technology, as well as reauthorization of the Older Americans Act (OAA), which is due to expire in 2019.

¹⁹<https://www.jec.senate.gov/public/index.cfm/republicans/socialcapitalproject?page=1>

²⁰<https://www.jec.senate.gov/public/index.cfm/republicans/analysis?ID=2A6AFA60-B7F1-4083-B445-79E0C2979BC4>

²¹<https://www.jec.senate.gov/public/index.cfm/republicans/newsroom?ID=79AA3C54-8531-4294-A053-DB7A249DCC86>

²²<https://www.lee.senate.gov/public/index.cfm/scp-index>

²³<https://www.jec.senate.gov/public/index.cfm/republicans/analysis?ID=82AEEDDA-B550-481E-BA31-9623B85A20D6>

²⁴<https://www.jec.senate.gov/public/index.cfm/republicans/socialcapitalproject?page=1>

²⁵<https://www.aging.senate.gov/hearings/aging-without-community-the-consequences-of-isolation-and-loneliness->

²⁶<https://www.aging.senate.gov/hearings/aging-with-community-building-connections-that-last-a-lifetime>

Humana priorities to pursue

- **Recognize loneliness as a treatable health-related social need and incorporate into our clinical operating models.** This would allow associates to deliver integrated, holistic experiences to better support members in achieving their best health. Appropriate treatments may be unique to individual members and could include: behavioral health interventions for treating depression and building resiliency; social prescribing of resources like SilverSneakers or volunteer opportunities; home modifications or transportation assistance to increase mobility; and even more innovative interventions that are technology-enabled. While additional research is necessary to understand the appropriateness of different interventions, acknowledging how loneliness may exacerbate chronic conditions, increase healthcare costs, impact quality scores and lead to harmful behavior such as opioid addiction will improve management of our members.
- **Investigate the prevalence of loneliness and social isolation among other populations, particularly Medicaid, Tricare, and disabled members and caregivers.** This will support Humana's business development goals in addition to improving the health and quality of life of members.
- **Take advantage of new SSBCI by offering non-primarily health related benefits.** In addition to the changes noted above, CMS will also allow an MA organization, beginning 2020, to offer "items and services that include capital or structural improvements (e.g., permanent ramps, and widening hallways or doorways) if those items and services have a reasonable expectation of improving or maintaining the health or overall function of the enrollee as it relates to the chronic condition or illness."²⁷ These sorts of improvements may enable members with functional limitations to remain in their homes and maintain social connections.
- **Advocate for policy and regulatory changes that will support social connectedness.** These may include making recommendations when Congress begins consideration of the Older Americans Act (OAA) reauthorization. OAA supports a wide array of programs and services to help older adults stay as independent as possible, including information and referral, congregate and home-delivered meals, health and wellness programs, in-home care, transportation, elder abuse prevention, caregiver support and adult day care.
- **Nurture community resources to support age-friendly communities, including Humana's Guidance Centers and collaborations in Bold Goal communities.** There is no one-size-fits-all solution to loneliness and social isolation, so having a connected network of community services and support is critical. This also supports the need to understand how a health navigator or community health worker can help improve social connectedness.

²⁷<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>

Contact

Stephanie Franklin, MPS, PMP

Senior Population Health Strategy Professional

Bold Goal, Population Health Strategy | Office of the Chief Medical Officer

502.476.1770

502.295.5605

sfranklin20@humana.com

populationhealth.Humana.com

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