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## The impact of a Friendly Telephone Calls program on visits with physicians during pandemic

### INTRODUCTION

During the COVID-19 pandemic in 2020, older adults were fearful of physicians' offices. Moreover, due to their lack of familiarity and capacity to use telehealth, they were additionally isolated from medical care and at greater risk of health deterioration.<sup>1,2</sup> As these older adults became more isolated and homebound, they were also at risk of loneliness.<sup>3</sup> Many are likely to have suffered from social isolation, a well-known risk factor for morbidity and mortality.

Given this enforced isolation and lack of video capacity for many, telephones remain a viable alternative. Telephone calls programs have previously been shown to benefit older adults in need of befriending.<sup>4,5</sup> To address this issue, some medical schools created telephone calls programs for medical students to communicate with older adults during this period of disrupted student learning.<sup>6</sup> But none have addressed the impact of non-clinical volunteers in telephone calls programs during the pandemic.

In spring 2020, we created the Friendly Telephone Calls program utilizing volunteers from our Empowering Elder Novel Interventions (ERNI) program, which is a modified version of the Hospital Elder Life Program (HELP). Our volunteers had previously spent time engaging in cognitively stimulating activities with older hospital patients at risk of delirium. Given that pandemic-related restrictions barred volunteers from the hospital, we sought to connect them with our community-dwelling patients to address the risk of social isolation by engaging in nonclinical social discussions. Whether engagement

### SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article.

**Figure S1.** Fellows' development approach: integrating research into a geriatric medicine fellowship program during a pandemic.

**Table S1.** Characteristics of fellows according to participation in the CO-FRAIL Study.

**Table S2.** Fellows' open-ended responses about participating in the CO-FRAIL Study.

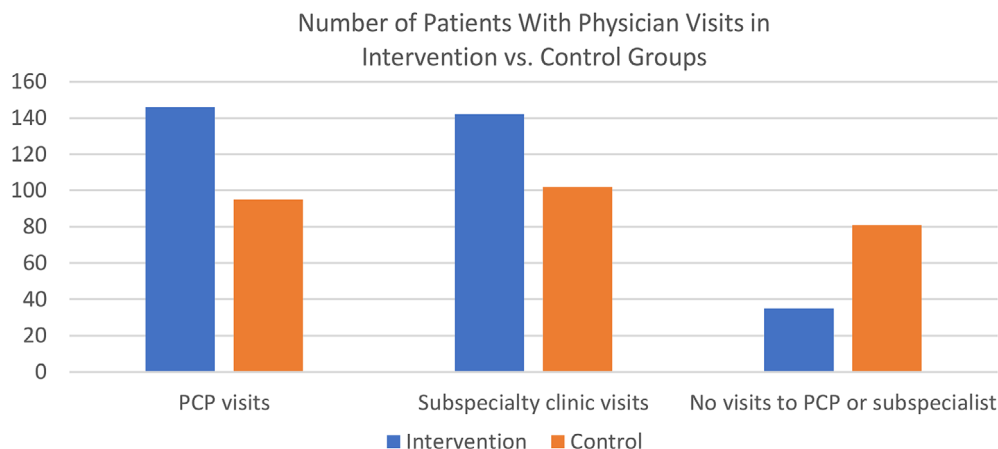
with hospital volunteers influences healthcare utilization is unknown.

### METHODS

In June 2020, the NYU Langone Medical Center Volunteer Department assigned ERNI volunteers to call and screen patients who were 75 years and older from one NYU Langone internal medicine practice. Volunteers were provided a brief script about the program, and those who opted to participate were assigned by the volunteer department to make regular biweekly telephone calls with these primary care patients. Volunteers logged all calls in an internal database monitored by the volunteer department. Of note, volunteers were not given any script to remind patients about scheduling appointments or to discuss health issues.

From June 2020 to October 2020, volunteers reached 30% of patients ( $n = 716$ ), 212 of whom opted in to have regular calls from volunteers (intervention). Another 212 patients (not yet contacted) were selected for comparison (control) by choosing every sixth patient by alphabetically listed last name. We reviewed electronic medical records for patient encounters with primary care physicians (PCPs) and subspecialists dated after the first phone call to identify those who did and did not have appointments. We looked at appointments in our health system only, and did not include visits to outside providers.

Data were gathered for quality improvement purposes, and the Institutional Review Board deemed this project exempt.



**FIGURE 1** Number of patients with physician visits in intervention versus control groups

## RESULTS

The mean age of patients was 82 (standard deviation [SD]: 5.5); intervention group mean age 82.4 (SD: 5.6) versus 81.7 for controls. Sixty-four percent of patients were female (intervention 70% vs. 56% for controls). In the intervention group, 146 (69%) had at least one PCP follow-up compared to only 95 (45%) of those in the control group ( $p < 0.01$ ) (Figure 1). Intervention group patients visited subspecialty clinics more often as well (142 [67%] compared to 102 [48%];  $p < 0.01$ ). Out of the intervention group, 35 (17%) had neither PCP nor subspecialty clinic visits compared to 81 (38%) in the control group ( $p < 0.01$ ).

## DISCUSSION

We observed that patients who participated in the program were more likely to have had an outpatient visit, either virtual or in person, after enrolling in the program. Similar to other programs created during this global pandemic, we enlisted some medical students to assist with the initial screening calls, but most of our volunteers were not enrolled in a health professions program.<sup>7</sup>

Our study had several limitations, including the inclusion of a single academic medical center practice, and that visits outside our health system were not explored. The number of calls per patient was not prescribed and varied based on patient preference. We also do not know the actual content discussion during these calls.

To our knowledge, this is the first report exploring the impact of a volunteer telephone calls program on patient healthcare utilization. A volunteer program representing a medical center with outreach to its patients may be an innovative approach for keeping patients connected to their healthcare providers both during the pandemic and

afterward. We encourage other hospital-based medical practices to create similar programs to maintain contact with older patients between visits and to ensure that these patients remain engaged in their medical care.

## CONFLICT OF INTEREST

None to report.

## AUTHOR CONTRIBUTIONS

All authors listed have contributed significantly to study conception and design and/or data acquisition and/or analysis and interpretation of the data. Nina L. Blachman, Joshua Chodosh, and Yi Shan Lee contributed to the manuscript's preparation.

## SPONSOR'S ROLE

None.

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# Can remote social contact replace in-person contact to protect mental health among older adults?

## INTRODUCTION

Older adults have been encouraged to replace in-person contact with remote modes of contact to prevent the spread of COVID-19. However, it is unclear whether remote contact effectively substitutes for the protective effects of in-person contact on mental health.<sup>1,2</sup> We aimed to determine whether increased frequency of phone, video call, or messages during the pandemic compensates for reduced in-person contact in moderating changes in mental health compared with pre-pandemic levels. A better understanding of how various modes of social contact contribute to mental health can inform strategies relevant to caring for and supporting millions of older adults who are beginning to recover from the isolating effects of the pandemic or are isolated for reasons extending beyond the pandemic.

## METHODS

The National Social Life, Health, and Aging Project (NSHAP) is a nationally representative study of older adults interviewed in 2005, 2010, and 2015.<sup>3,4</sup> The COVID sample includes 4852 NSHAP respondents. Surveys were conducted between September 14, 2020 and January 27, 2021, via web, phone, and paper-and-pencil. Responses from 2672 individuals resulted in a conditional response rate of 58.1% for both cohorts combined. Our analytic sample (Table S1) included 2554 respondents aged 55 years or older who were also interviewed in 2015.

## Measures

Questions included how often, during a typical week since the pandemic started, respondents had social contact with non-household (a) family and (b) friends, by (i) phone, (ii) messages (email, text, social media), (iii) video calls (FaceTime, Skype, Zoom), and (iv) in-person.<sup>5</sup> Follow-up questions included whether each mode of frequency represented an increase, decrease, or no change compared with pre-pandemic. Mental health measures included general life happiness (1–5, unhappy to happy),<sup>6</sup> depressive feelings during the last month (1–4, rarely/never to most of the time),<sup>7</sup> and the 3-item UCLA loneliness scale (3–9, never to often lonely).<sup>8</sup>

## RESULTS

Approximately one-third of the sample reported at least weekly in-person contact with family (37%) or friends (31%), and nearly a quarter reported no in-person contact with family (22%) or friends (25%). Most reported regular contact with family or friends via phone (78% vs. 60%) or messaging (69% vs. 63%), whereas only 25% and 17% reported regular video calls with family and friends, respectively. At least half of older adults reported never using video calls with family (49%) or friends (60%) since the pandemic started. Contact frequencies and changes in contact frequencies for each mode with family and friends are shown in Table S2.