

Reducing Loneliness and Social Isolation Among Medicare Advantage Members Using a Peer Support Community

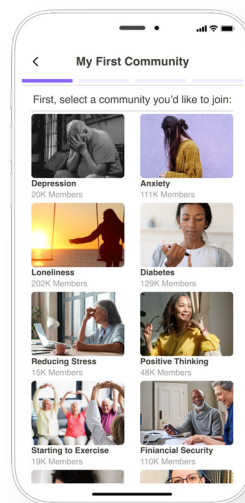
Summary Report



BACKGROUND

Wisdo and a national Medicare Advantage plan collaborated on a 12-month implementation of Wisdo's peer support community and clinical referral platform.

The Wisdo platform addresses the harmful and costly consequences of loneliness and social isolation on health outcomes, engagement rates, and costs. The platform uses AI to map out each user's obstacles to health and then proactively provides matches to trained peers who've been in their shoes and provide emotional support, weekly group coaching sessions to build social skills, and referrals to clinical and SDOH programs covered by their plan or employer. To date, 500,000 adults have used Wisdo to cope with the devastating impact of loneliness.



The Wisdo App

The Alarming Impact of Loneliness and Social Isolation

Over 40% of seniors ages 60+ are impacted by loneliness¹. Studies show that loneliness has a devastating impact on physical and mental health, leading to higher healthcare utilization and medical costs while severely reducing engagement rates with clinical services, including therapy^{1,2,3}. **It's estimated that the annual cost of loneliness for MA plans is \$6.7B⁴.**



TARGET POPULATION

Medicare Advantage members ages 65-80 who had 1+ chronic conditions, 1+ ER visits, or inpatient admissions in the prior 12 months, and screened positive for loneliness using the UCLA-3⁵. UCLA-3 measures three dimensions of loneliness: relational connectedness, social connectedness, and self-perceived isolation on a scale of 3-9.



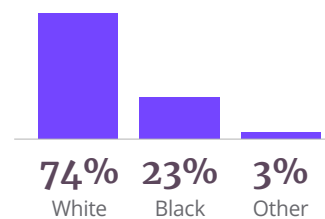
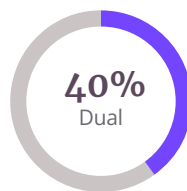
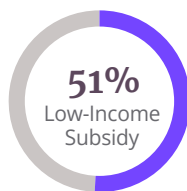
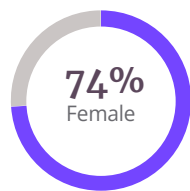
PILOT PARTICIPANTS

1,374 Medicare Advantage members who met the inclusion criteria.

DEMOGRAPHICS AND BASELINE MEASURES (N=1,374)



71
Avg. age



75%

Had 2+ chronic conditions including Coronary Artery Disease, Congestive Heart Failure, Diabetes, Depression, and Hypertension



Loneliness

57%

Screened as Severely Lonely (7-9 on UCLA scale)



43%

Screened as Lonely (4-6 on UCLA scale)



Health-Related Quality of Life

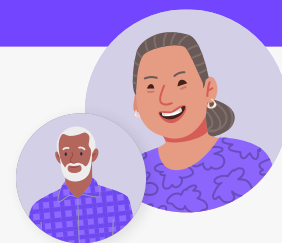
55%

reported having 26+ mentally and physically unhealthy days in the prior month, measured by the CDC Health-Related Quality of Life (HRQOL-2)⁶

RESULTS

Health-Related Quality of Life

Participants' physical and mental health-related quality of life improved.



6.5 days

At 1 month, participants reported an average decrease of 6.5 days in the number of mentally and physically unhealthy days they experienced in the past 30 days (n=517).

53%

At six months, 53% reported an average decrease of 3.6 days in the number of unhealthy days they experienced in the past 30 days (i.e., month 5) compared to baseline (n=212).

69%

At six months, participants who accessed Wisdo in the prior 30 days, reported an average decrease of 6.1 days (69% higher reduction) in the number of unhealthy days compared to the average decrease for participants during the same period. (n=201).

Health-related Quality of Life was measured using the HRQOL-2 scale

Loneliness

Participants' loneliness rates declined over time.

↓21%

Reduction in loneliness (p<0.01) within 90 days (n=336).

↓19%

At 3 months, 19% less participants reported levels of severe loneliness compared to baseline (n=336).

↑13%

At 3 months, 13% of participants no longer screened positive for loneliness (n=336).

Additional analysis suggests that Wisdo has the largest opportunities to decrease loneliness and unhealthy days among users who are female or black.

Loneliness was measured using the UCLA-3 scale

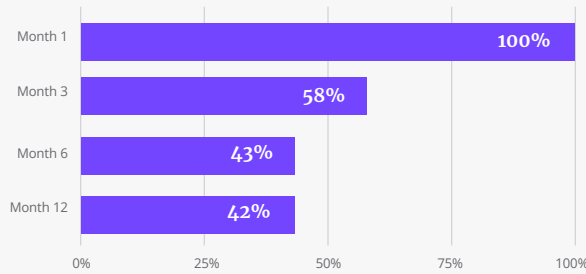
Member Satisfaction

74

The MA plan Wisdo worked with received an NPS score of 74 from Wisdo users

Wisdo Retention

42% of participants accessed the Wisdo app 12 months after joining



7

Avg. monthly visits to the Wisdo app by participants

REFERRALS TO CLINICAL SERVICES

To test its ability to connect members with clinical services, Wisdo sent in-app messages to participants that could benefit from Talk Therapy via Telehealth. A total of 484 users received the in-app message, with 120 of them (**25% referral rate success**) clicking on the link in the message to schedule an appointment on the client portal.

In addition, 77% of a subset of participants who completed an additional survey (n=135) said that getting recommendations and reminders from Wisdo for clinical and community services would have a positive impact on their decision to follow through with the recommendation.



Referral rate success to Talk Therapy via Telehealth

SERVICE UTILIZATION

A claims data analysis comparing Wisdo participants to a propensity-matched control group found directionally positive outcomes, including:

↓10%

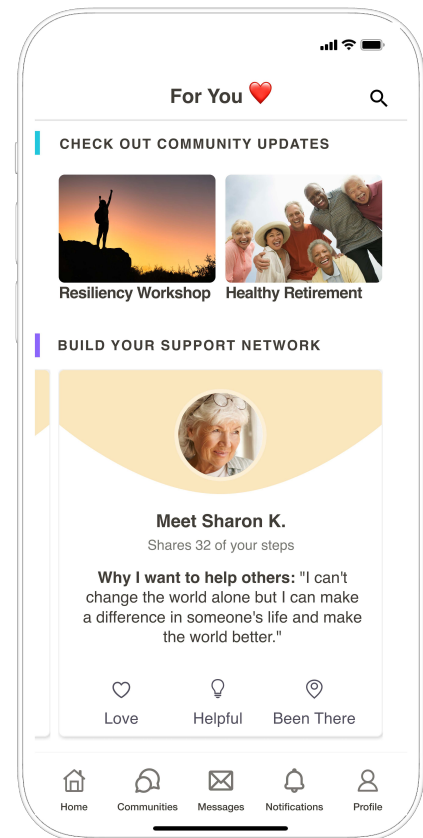
reduction of in-patient visits

↓4%

reduction of ER visits

↓6%

reduction in urgent care visits



INSIGHTS INTO MEMBERS' EXPERIENCE

In addition to high rates of loneliness, participants reported, on average, 22 gaps in care, obstacles, and goals. The top ones included sleep problems, nutrition, financial concerns, and noticing depressive symptoms. These insights could be applied to improve STARS ratings or trigger additional referrals to clinical or SDOH programs.

3%

Experiencing side effects of medication or surgery

8%

Challenges with diabetes care

17%

Noticing depressive symptoms

18%

Experiencing grief

21%

Nutrition and financial concerns

22%

Experiencing sleep problems

INSIGHTS INTO MEMBERS' EXPERIENCE



Wisdo first helped me find support, then helped me learn new social skills that made all the difference.

D, 67 years old



It's the best of social media without all the terrible things that go on social media.

M, 72 years old



This support group is one of the best things that ever happened to me.

R, 68 years old



Wisdo changed my life.

E, 71 years old

DISCUSSION & CONCLUSION

The results demonstrate the power of a supportive peer community to engage and retain Medicare Advantage members with multiple chronic conditions. This digital-first platform harnessed the power of social health to drive reductions in loneliness while increasing member experience and health-related

quality of life. The results in reduced utilization of services such as ER and urgent care are further indications of the potential of this approach.



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2. Thomas Insel Healing: Our Path from Mental Illness to Mental Health Hardcover.
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5. UCLA - Hughes ME, Waite LJ, Hawkey LC, Cacioppo JT. A Short Scale for Measuring Loneliness in Large Surveys: Results From Two Population-Based Studies.
6. <https://www.cdc.gov/hrqol/>