

Supplemental materials for:

Aoki T, Yamamoto Y, Ikenoue T, et al. Social isolation and patient experience in older adults. *Ann Fam Med.* 2018;16(5):393-398.

Appendix 1. Characteristics of participating clinics

Clinic ID	Location	Municipality population
1	Kuroishi City, Aomori Prefecture	34,284
2	Iwate Town, Iwate Prefecture	13,692
3	Fujimino City, Saitama Prefecture	110,970
4	Kawasaki City, Kanagawa Prefecture	1,475,213
5	Koganei City, Tokyo	121,396
6	Suginami Ward, Tokyo	563,997
7	Kita Ward, Tokyo	341,076
8	Adachi Ward, Tokyo	670,122
9	Nagoya City, Aichi Prefecture	2,295,638
10	Tsu City, Mie Prefecture	279,886
11	Yonago City, Tottori Prefecture	149,313
12	Izumo City, Shimane Prefecture	171,938
13	Iyo City, Ehime Prefecture	36,827
14	Arakawa Ward, Tokyo	212,264
15	Arakawa Ward, Tokyo	212,264
16	Kita Ward, Tokyo	341,076
17	Maebashi City, Gunma Prefecture	336,154
18	Hachinohe City, Aomori Prefecture	231,257
19	Fukushima City, Fukushima Prefecture	294,247
20	Kawasaki City, Kanagawa Prefecture	1,475,213
21	Kawasaki City, Kanagawa Prefecture	1,475,213
22	Adachi Ward, Tokyo	670,122
23	Suginami Ward, Tokyo	563,997
24	Higashi Osaka City, Osaka Prefecture	502,784
25	Aomori City, Aomori Prefecture	287,648
26	Kyoto City, Kyoto Prefecture	1,475,183
27	Konan City, Shiga Prefecture	54,289
28	Fukuchiyama City, Kyoto Prefecture	78,935

Supplemental Appendix 2. Item contents of the abbreviated Lubben Social Network Scale (LSNS-6)

FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc...

1. How many relatives do you see or hear from at least once a month?
0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more
2. How many relatives do you feel at ease with that you can talk about private matters?
0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more
3. How many relatives do you feel close to such that you could call on them for help?
0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood

4. How many of your friends do you see or hear from at least once a month?
0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more
5. How many friends do you feel at ease with that you can talk about private matters?
0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more
6. How many friends do you feel close to such that you could call on them for help?
0 = none 1 = one 2 = two 3 = three or four 4 = five thru eight 5 = nine or more

Supplemental Appendix 3. Item contents of the Japanese version of Primary Care Assessment Tool

First contact	Strongly agree	Somewhat agree	Not sure	Somewhat disagree	Strongly disagree
1. When your Primary Care Practice is closed, is there a phone number you can call when you get sick?	5	4	3	2	1
2. When your Primary Care Practice is closed on Saturday and Sunday and you get sick, would someone from there see you the same day?	5	4	3	2	1
3. When your Primary Care Practice is closed and you get sick during the night, would someone from there see you that night?	5	4	3	2	1
Longitudinality	Strongly agree	Somewhat agree	Not sure	Somewhat disagree	Strongly disagree
1. Does your Primary Care Physician (PCP) give you enough time to talk about your worries or problems?	5	4	3	2	1
2. Do you feel comfortable telling your PCP about your worries or problems?	5	4	3	2	1
3. Does your PCP know you very well as a person, rather than as someone with a medical problem?	5	4	3	2	1
4. Does your PCP know what problems are most important to you?	5	4	3	2	1
5. Does your PCP know your complete medical history?	5	4	3	2	1
Coordination	Strongly agree	Somewhat agree	Not sure	Somewhat disagree	Strongly disagree
1. Have you ever had a visit to any kind of specialist or special service?		Yes		No/Not sure	
2. Did your PCP suggest you go to the specialist or special service?	5	4	3	2	1
3. Did your PCP discuss with you different places you could have gone to get help with that problem?	5	4	3	2	1
4. Did your PCP or someone working with your PCP help you make the appointment for that visit?	5	4	3	2	1
5. Did your PCP write down any information for the specialist about the reason for the visit?	5	4	3	2	1
6. Does your PCP know what the results of the visit were?	5	4	3	2	1
Comprehensiveness (services available)	Strongly agree	Somewhat agree	Not sure	Somewhat disagree	Strongly disagree
For each one, please indicate whether it is available at your PCP's office.					
1. Counseling for mental health problems	5	4	3	2	1
2. Changes in mental or physical abilities that are normal with getting older	5	4	3	2	1
3. Counseling related to dementia	5	4	3	2	1
4. Counseling related to abuse	5	4	3	2	1
5. Counseling related to personal preferences about end of life issues	5	4	3	2	1

Comprehensiveness (services provided)	Strongly agree	Somewhat agree	Not sure	Somewhat disagree	Strongly disagree
In visits to your PCP, are any of the following subjects discussed with you?					
1. Advice about appropriate exercise for you	5	4	3	2	1
2. Advice about regular bowel movements	5	4	3	2	1
3. Advice about over-the-counter medications	5	4	3	2	1
4. Advice about medical information in the media: on TV, in the newspaper, etc.	5	4	3	2	1
5. Advice about a healthy balance of work and rest	5	4	3	2	1
Community orientation	Strongly agree	Somewhat agree	Not sure	Somewhat disagree	Strongly disagree
1. Does anyone at your PCP's office ever make home visits?	5	4	3	2	1
2. Does your PCP know about the important health problems of your community?	5	4	3	2	1
3. Does your PCP get opinions and ideas from people that will help to provide better health care?	5	4	3	2	1
4. Does your PCP investigate whether the available health care is meeting the needs of the community?	5	4	3	2	1
5. Does your PCP investigate the concerns people have about health problems in your community?	5	4	3	2	1

Supplemental Appendix 4. Brief description of each of the primary care attributes

- **“First-contact” care** means that care is first sought from the primary care provider when a new health or medical need arises. The primary care provider serves as the usual entry point into the health care system for each new need for health services, except in the case of serious emergencies. The primary care provider either provides care directly or serves as a facilitator, directing patients to more appropriate sources of care at the appropriate time. In order to be considered as providing first-contact care, the services must be accessible (a structural characteristic) and used by the population each time a new need or problem arises (a behavioral characteristic).
- **Continuous (ongoing) care** refers to the longitudinal use of a regular source of care over time, regardless of the presence or absence of disease or injury. The focus here is on the creation of a medical or health care "home" recognized by both the patient and the provider. Continuous care over time is intended to help the provider and the patient build a long-term relationship in order to foster mutual understanding and knowledge of each other's expectations and needs. Thus, it requires identification of a population for whom the service or provider is responsible (a population registry), and it requires an ongoing person-focused (not disease-focused) relationship over time between providers and patients.
- **Coordinated care** is the linking of health care visits and services so that patients receive appropriate care for *all* of their health problems, physical as well as mental. The essence of coordination is “the availability of information about prior, and existing problems and services, and the recognition of that information as it bears on needs for current care”.
- **Comprehensive care** refers to the availability of a wide range of services in primary care and their appropriate provision across the entire spectrum of types of needs for all but the most uncommon problems in the population by a primary care provider. This includes services that promote and preserve health (those that prevent disease, injury, and dysfunction), and those that promote care of illness, disability, and discomfort as long as these needs are not too uncommon for the primary care practitioner to maintain competence in dealing with them (generally occurring in at least one to two thousand people per year). For example, this range of services includes (but is not limited to) prevention, coaching, counseling when appropriate, care for acute and chronic illnesses and injuries, minor surgery, injections, aspiration of joints, simple dislocations, common skin problems, behavioral health and common mental health problems, and community health resources information.
- **Community-oriented care** refers to care that is delivered in the context of the community. The distinguishing feature of community-oriented primary care (COPC) is that it takes into account the health care needs of a defined population. COPC, therefore, is concerned with the health care needs not only of patients and families being seen by the provider, but also of people in the community whose health care needs are not being met, and the characteristics of communities that influence the health care needs of everyone in the community.

The Johns Hopkins Primary Care Policy Center. *Primary Care Assessment Tools*. Available from: https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/pca_tools.html (accessed 20 February 2018).