THE CASE FOR DELIVERING WHOLE-PERSON CARE

High-Quality, Cost-Effective Health Care for Stronger Health Systems

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DrWayneJonas.com

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A NEW CARE MODEL FOR STRONG HEALTH SYSTEMS

After a car accident, Cynthia had chronic pain. Her doctor prescribed various pain, anti-anxiety, and sleep medications, as well as muscle relaxants. It soon became clear that pills weren't going to help Cynthia fully heal.

Cynthia and her doctor reoriented her care to focus on factors beyond the walls of a doctor's office. Armed with a robust picture of her life and her personal determinants of health, the doctor and other members of her care team helped Cynthia find ways to improve her self-care and make the mental and behavioral changes she needed to get at the core mechanisms for her healing.

By engaging in this process together, the care team and Cynthia improved her pain, reduced the medications she was on and created a life-long path to improved health and wellbeing—and lower costs to the health care system.

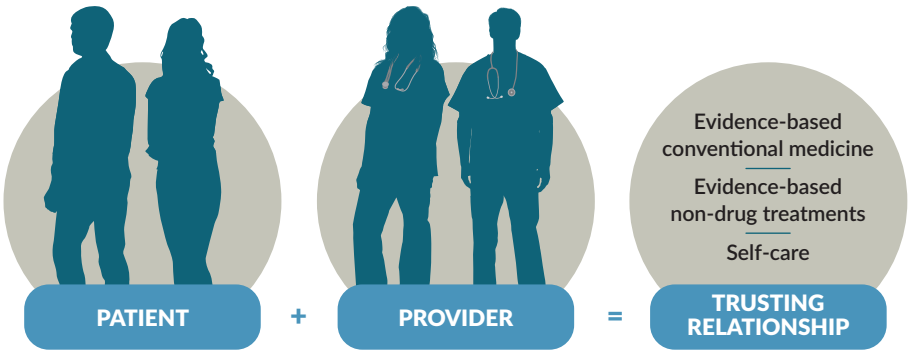
A LIFE-LONG PATH TO HEALTH AND WELLBEING

Cynthia's story shows the benefits of delivering a health care model that goes beyond the walls of a doctor's office and puts the patient at the center of the health care system. We call this whole-person care.

Focusing on health and wellbeing in primary care is a model for improved outcomes, reduced disparities, and financially sustainable health systems.

Whole-person care and integrative health focus on helping patients achieve health and wellbeing, not just on the treatment of disease, illness and injury. Integrative primary care providers use all proven approaches: evidence-based conventional medicine and non-drug treatments (including complementary and alternative medicine) and self-care. They focus on what matters most to each person and establish trusting, ongoing relationships to help patients heal.

Whole-Person Care



A BETTER WAY TO MANAGE CHRONIC DISEASE

Six in 10 adults in the U.S. have at least one chronic disease, and 40 percent have two or more. Individuals with five or more chronic conditions make up 12 percent of the population but account for 41 percent of total health care expenditures.[1]

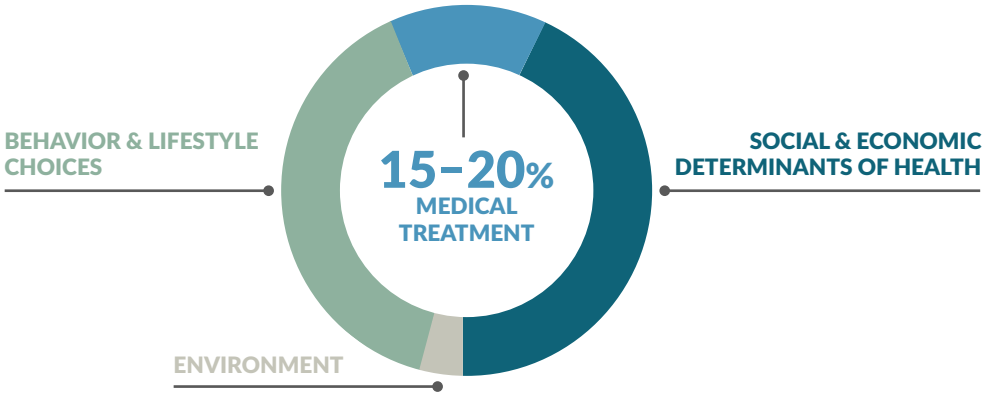
Our health care system was designed to treat acute disease, not to treat or prevent chronic disease. Poor management of chronic disease has led to a relentless rise in health care costs; declining life expectancy and quality of life; growing patient dissatisfaction; and growing provider burnout.[2]

Consequences of the Current Health Care System

- **25% of total annual health care spending ($760-$935 billion) is considered wasted.**[3]
- **$1.1 trillion in direct medical treatment costs:**
  - Annual economic burden of chronic disease[4]
- **$100-300 billion annually:**
  - Cost of non-adherence to chronic disease medications[5]
- **41% higher likelihood of referrals:**
  - When patients and providers don't have a personal connection[6]
- **$500,000:**
  - Typical cost to replace a physician who leaves due to burnout.[7]
  - Half of U.S. physicians, across all specialties and all practice settings, have some sign of burnout.[8]
- **Low quality:**
  - 66% of people rated health care in the U.S. as fair or poor.[9]

Most chronic diseases seen in primary care can be prevented, managed or reversed by addressing the underlying behavioral and lifestyle choices and the social and economic determinants of health.[2] Yet these things—which account for about 80 percent of the healing of an individual or a population—are rarely addressed in the health care system.[2, 10]

Where Health Comes From



Source: McGinnis JM, Williams-Russo P, Knickman JR. The Case For More Active Policy Attention To Health Promotion. Health Aff (Millwood). 2002 Mar-Apr;21(2):78-93. doi: 10.1377/ hlthaff.21.2.78

Whole-person care provides a better way to manage chronic disease because it addresses the main factors that impact health and healing. It benefits patients, providers, health systems and society.

In 2021, a study by the National Academy of Sciences, Engineering, and Medicine recognized high-quality whole-person care as the foundation of a strong U.S. health care system. The academy recommended system-wide implementation of:

> "... whole-person, integrated, accessible, and equitable health care by interprofessional teams who are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities."[11]

HOW WHOLE-PERSON CARE WORKS

People achieve optimal health and wellbeing when primary care providers focus on what matters most to them and consider all of the factors and context that influence healing.

Whole-person care:

Helps patients achieve health and wellbeing:

Integrative primary care providers use a person-centered, relationship-based approach to integrate self-care with evidence-based conventional medicine and non-drug treatments. They consider all of the factors that influence healing: medical treatment, mental health, personal behaviors and lifestyle and the social determinants of health.

Uses proven approaches:

Primary care providers coordinate the delivery of evidence-based conventional medicine and non-drug treatments and self-care:

- **Conventional medicine** is the delivery of evidence-based approaches for disease prevention and treatment currently taught, delivered and paid for by the mainstream health care system.
- **Non-drug treatments** focus on non-pharmacological approaches to care and include what is sometimes called complementary and alternative medicine (CAM).

Yoga Relieves Kim's Chemo Pain

After chemotherapy for breast cancer, Kim had persistent joint pain that became unbearable. Instead of taking pain medication, which would cause more side effects, she turned to gentle yoga. Yoga helped ease Kim's pain and boosted her energy.[43]

- **Self-care** is all of the evidence-based approaches that individuals can engage in to care for their own wellbeing. Self-care promotes healthy behaviors and a healthy lifestyle to enhance health and healing. Approaches focus on the connection between the body, the mind and the spirit, and cover food, movement, sleep, stress, substance use and more. Improving one area can influence the others and benefits overall health.

A Healthy Diet Keeps Juan Off Insulin

Juan's diabetes was steadily getting worse. Oral medications were no longer working but he didn't want to go on insulin. Juan's doctor suggested he try a low-fat, no-sugar, organic vegan diet. Within six weeks, Juan lost 15 pounds, his blood sugar was normal and his HbA1c was lower.

GOING BEYOND THE DOCTOR'S OFFICE TO CONSIDER CONTEXT

Whole-person care is framed by each person's social and personal context:

Social determinants of health are the conditions in the places where people live, learn, work and play that affect health and quality of life. Social determinants of health influence behavior and lifestyle choices and impact health and lifespan more than physiology or genes.[2] Also, they influence a person's ability to obtain medical care and to engage in healthy behaviors and choices.[2]

Personal determinants of healing are those personal factors which influence and promote health and healing. These include the physical, environmental, lifestyle, social, emotional, mental and spiritual dimensions which are connected and must be balanced for a happy and fulfilled life.

Exercise Helps Dan Kick the Habit

Dan wanted to quit smoking but the usual ways, including nicotine patches and smoking cessation classes, didn't work for him. After learning that Dan liked running, his doctor suggested that Dan join a marathon training group for people who had never run a marathon. Dan loved running outdoors and made friends with other group members. He soon found he was smoking less. By the time Dan ran his first half marathon, he had kicked the habit.

Health Coaching is a delivery method for whole-person care. Health coaches use their expertise in human behavior to help individuals set and achieve health goals. They are an increasingly important component of whole-person care teams.

EXAMPLES OF WHOLE-PERSON CARE

The Veterans Administration, the University of Arizona, the University of Michigan and the Southcentral Foundation (Nuka system) are all examples of whole-person care.

The Veterans Administration

The Veterans Administration (VA) piloted a new type of care at 18 sites that shifts from a disease-focused, transactional system to a relationship-focused, team-based model that addresses physical, emotional and social factors. It incorporates self-care and complementary and integrative health approaches and "empowers and equips veterans to take charge of health, healing and wellbeing."[12] The VA calls this the Whole Health System of care. In fiscal years 2018 and 2019, the VA studied the costs of providing Whole Health services to 133,476 veterans who began receiving these services during this time period.[13]

University of Arizona

The University of Arizona combines conventional and complementary medical treatments, including nutrition, mind-body medicine, acupuncture, manual medicine, health coaching, educational classes and groups in its Integrative Health Center, a primary care clinic for adults.[14]

University of Michigan

The University of Michigan provides patient-centered, whole-person care that integrates conventional medicine with non-drug approaches in its Integrative Medicine Clinic.[15]

Southcentral Foundation (Nuka system)

The Southcentral Foundation provides relationship-based, whole-person care for Native Alaskans. The foundation's approach includes calling and treating people as customer-owners rather than patients.[16]

EVIDENCE FOR WHOLE-PERSON CARE

Evidence from existing whole-person care supports the effectiveness of this model in meeting the quadruple aim. Here, we summarize studies on the impact of whole-person care on each of these aims.

The Quadruple Aim

AIM #1: BETTER OUTCOMES

Whole-person care that integrates health and wellbeing with conventional treatment and its components:

- Increases the ability to manage chronic pain and decrease opioid doses[12]
- Improves patient-reported health and wellbeing [14]
- Lowers HbA1c in people with diabetes[17, 18]
- Improves medication adherence[19]
- Facilitates a healthier lifestyle[20]
- Reduces the severity of heart disease[21, 22]
- Reduces loneliness among seniors[23]
- Lessens symptoms, including pain, depression, low-back pain, headaches and many other symptoms[24, 25, 26]

Read the detailed evidence about how whole-person care helps health systems achieve better outcomes.

AIM #2: IMPROVED PATIENT EXPERIENCE

Patient Dissatisfaction with Conventional Medicine

Patients turn to non-drug approaches because they are dissatisfied with conventional medicine. This was the number two reason for using non-drug treatments, according to a systematic review of 231 publications. Patients also turned to non-drug treatments to gain more control over their health care.[27, 44]

Patients "find results of chronic disease treatment inadequate, they worry about the side effects or want a more holistic perspective that takes into account mind, body and spirit."[28]

— Wayne Jonas, MD

Regular users of whole-person integrative medicine like the "strong therapeutic relationship with a primary care provider who is a good listener and provides time, knowledge and understanding." They believe that using non-drug approaches and conventional medicine is better than either alone.[29]

Whole-person care that integrates health and wellbeing with conventional treatment:

- Improves retention among patients most at risk of switching providers[30]
- Improves patient satisfaction with providers and overall care[31, 32, 33, 44]
- Improves trust in, and relationships with, providers[31, 32,]
- Improves quality of care ratings[12, 32]
- Improves patient input on care decisions[12]

Read the detailed evidence about how whole-person care helps health systems improve the patient experience.

AIM #3: LOWER COSTS

Whole-person care that integrates health and wellbeing with conventional treatment:

- Lowers the cost of drugs[34, 35]
- Lowers total medical costs[34, 36, 37]
- Leads to fewer ED visits[32]
- Reduces hospital admissions[35]
- Reduces length of hospital stay[32, 35]
- Decreases outpatient costs[34, 38]

Read the detailed evidence about how whole-person care helps health systems lower costs.

AIM #4: IMPROVED CLINICIAN EXPERIENCE

Whole-person care that integrates health and wellbeing with conventional treatment:

- Reduces provider burnout[12, 39, 40]
- Reduces turnover by providers and employees[12, 41]
- Improves quality of life for providers[42]

Read the detailed evidence about how whole-person care helps health systems improve the clinician experience.

IMPLEMENTING WHOLE-PERSON CARE

Whole-person care delivers better outcomes and patient experience while lowering costs and improving clinician experience. At the center of whole-person care is the integrative health visit.

During an integrative health visit, the provider and the patient create a personalized health plan based on the patient's needs and preferences. The provider offers evidence-based, appropriate conventional medicine, non-drug treatments and self-care resources to help the patient make healthy changes. Follow-up support includes health navigation, access to community services, health coaching, group visits, tele-health and regular, proactive check-ins.

Two tools available without charge can help primary care providers integrate health and wellbeing into routine primary care:

- The PHI (Personal Health Inventory) assesses the patient's meaning and purpose in life, current health needs and readiness for change. Patients complete this before or during a primary care visit that integrates health and wellbeing.
- The HOPE (Healing Oriented Practices & Environments) Note is a patient-guided process to identify the patient's values and goals in life and identify their determinants of healing so the provider can assist the patient in meeting those goals with evidence and other support.

Many other resources are also available to:

- Provide education, engagement and empowerment during and after the integrative health visit
- Develop a personal care plan
- Provide support for a practice to change to a whole-person care approach

Free Tools for Implementing Whole-Person Care

- **PHI, adapted from and aligned with the VA's Whole Health System model**
- **HOPE Note toolkit**
- **Integrative non-drug solution guide**
- **A Guide to Optimizing Treatment Through Integrative Health for People Living with Pain**

For more information, visit the Integrative Primary Care page at DrWayneJonas.com.

IMPLEMENTING PRACTICE CHANGE

Each of us has our own level of comfort with change, which can be threatening. Change involves some level of throwing out what has worked in the past, which can cause stress until the new tasks become the "tried and true." There is comfort in routine and ritual. Organizations can have difficulty changing due to issues with authority, a reliance on "we've always done it that way before" and difficulty communicating the changes and the reasons for them.

It's not just a matter of emailing everyone to announce that whole-person care will now be provided in your office(s). Just as with any business process, implementation must be planned and carefully managed, with attention to the more difficult "people" elements as well as changes to processes and workflows.

Broadly speaking, for a change to be implemented and sustained, several things must happen. The first and easiest step is to set up the new systems and structures to support whole-person care, for example, changing workflows to incorporate administering the PHI, developing smart phrases and EHR changes to support use of the HOPE Note, and altering scheduling and billing processes. Without fixing the systems, change will be an uphill, demoralizing effort.

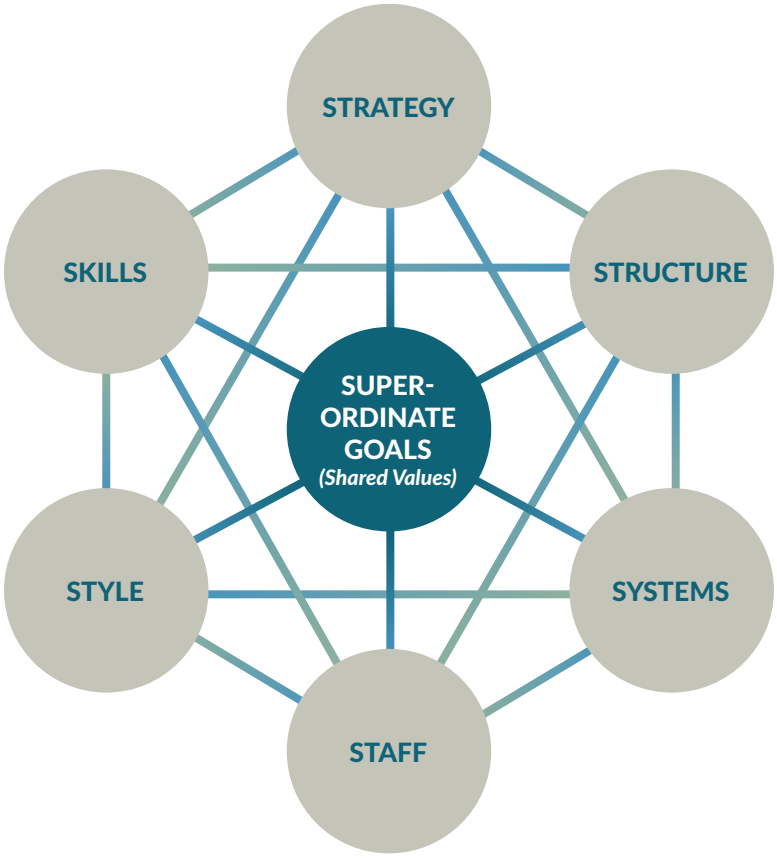
The second step is to win the hearts and minds of individuals involved in the change by marshalling their experience and enthusiasm for the change—their hearts—and by giving them the skills to make the change—their minds.

The third step is to realize that change takes time. Delivering whole-person care will take time, experimentation and adjustments to get right. Also, getting people out of old habits of thought and action, replacing those old thoughts with new thoughts and actions and solidifying the change, essentially making the "new" become the "old," takes time and continuous monitoring to prevent the natural backsliding that can occur.

IMPLEMENTING CHANGE USING THE 7S MODEL

The McKinsey 7S model of change management is a good way to plan and manage implementation. The model considers three structural elements: strategy, systems and structure. It also recognizes three "people" elements needed to win the hearts of everyone from front office staff to the most senior nurses and physicians. These include addressing the types of people who are going to lead the change, the skills of the people who will be involved and the overarching leadership style within the organization. These elements are fuzzier and more intangible. They are influenced by corporate culture and are sometimes more difficult to address.

The McKinsey 7S Model of Change Management



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Managing change by addressing all these elements leads to the 7th "S," creation of *shared values* underpinning the culture of the group.

Structural and People Elements in the McKinsey 7S Model of Change Management

Structural Elements:	
Strategy:	What do you want to do differently? What will it replace?
Systems:	What changes in workflow needs to happen to do the new thing?
Structure:	How are you going to set up a new system to kick off and then monitor the initiative?
People Elements:	
Style:	How are you going to lead the change?
Staff:	Who can you enlist who will make it happen? Who do others in your practice look to for guidance?
Skills:	Who needs to be trained in the new workflow? What is the training? How can you give them ownership?

Addressing all these issues through careful planning will lead to development of the *shared values*, the commonly accepted standards and norms within the practice that will make the switch to whole-person care a success.

USING THE 7S MODEL TO PLAN IMPLEMENTATION

Substantial planning is necessary to make the change to whole-person care.

- **Strategy:** The obvious changes, as part of this initiative, are to start using the PHI, start conducting integrative health visits and writing HOPE Notes and personal health plans with patients, and start setting up a way to monitor both your implementation and the outcomes you've settled on. Who is going to do what?
- **Systems:** Careful attention is needed to identify new systems to support whole-person care. Most aspects of the practice will need to be changed in some way, including front-office, billing and clinical care workflows and staff skills. Having a Plan B on the shelf will be useful.
- **Structure:** Determine how the roll-out will occur. It may be best to start a pilot project with a single team, carefully chosen for their ability to embrace change. Their success must be carefully monitored so that processes can change when barriers are discovered.
- **Style:** Decide on whether the change to whole-person care will be incremental or dramatic. Decide on who will lead the implementation and how they will approach it. Develop a means of getting staff members excited. Decide how much input the staff will have in the implementation. Set up a rapid cycle quality improvement plan (Plan-Do-Study-Act, or PDSA) cycle.
- **Staff:** You will need to enlist key people to make your implementation happen and to make it stick. These may be people in key roles, but you will need to identify an opinion leader and a first follower (the first person in the organization to support the opinion leader) for the implementation to be widely adopted.
- **Skills:** Whole-person care requires a new set of skills and new practices. Identify who will need to receive training and determine how to provide the training.

The McKinsey model is probably well known to most hospital administrators but less known to clinicians and managers. Soon a five-part continuing medical education series for clinicians, staff and managers will be available that explains the HOPE Note and introduces integrative health to the team and for managing and monitoring the implementation process.

CONCLUSION

Our health care system is designed to treat disease rather than to optimize health. The COVID-19 pandemic has underscored that health systems cannot afford to continue in the current trajectory.

Systems designed to address the underlying determinants of healing have demonstrated that we can make a significant and positive impact on every important parameter in health care: health, quality, satisfaction and costs.

The time is right for health systems to implement whole-person care and transform into systems that improve health and lower health system costs.

High-quality, whole-person primary care is the foundation of a strong U.S. healthcare system and is critical to achieving the quadruple aim. Health system transformation can occur when leadership, and incentives align to drive primary care teams to partner with patients to promote health and wellbeing.[11]

INTEGRATIVE HEALTH LEARNING COLLABORATIVE

The Integrative Health Learning Collaborative demonstrated that it is possible to make whole-person care a routine part of primary care, even during the COVID-19 pandemic.

17 clinics demonstrated that focusing on health and wellbeing can be a routine part of primary care.

From October 2020 to September 2021, 17 clinics focused on making integrative health routine and regular. The clinics were mostly family residency programs, federally-qualified health centers, the VA and other health systems. Some clinics had little or no experience with integrative health before the learning collaborative while others had established programs. Clinic teams working on integrative health ranged from one person to a team of more than 20 people.

The Family Medicine Education Consortium and Samueli Integrative Health Programs sponsored the Integrative Health Learning Collaborative.

THE FAMILY MEDICINE EDUCATION CONSORTIUM

The Family Medicine Education Consortium is a catalyst, convener and incubator that connects those interested in improving the health of the community by strengthening family medicine, primary care services and medical education. The consortium's goal is to improve the health of the nation by strengthening family medicine and primary care to meet its full potential.

SAMUELI FOUNDATION, INTEGRATIVE HEALTH PROGRAMS

Samueli Foundation's Integrative Health Programs work to empower patients and doctors by providing solutions that enhance health, prevent disease and relieve chronic pain. Henry & Susan Samueli, leaders in support of integrative health, are supporting this work through the Samueli Foundation. Wayne Jonas, MD, a family physician, researcher, and author of hundreds of articles on health and healing, leads the effort.

PARTICIPATING CLINICS

- BronxCare Health System Department of Family Medicine, Bronx, N.Y.
- Central Michigan University, Mount Pleasant, Mich.
- Cleveland Clinic Family Medicine Residency, Cleveland, Ohio
- Codman Square Health Center, Dorchester Mass.
- Greater Lawrence Family Health Center and Residency, Lawrence, Mass.
- Hunterdon Family Medicine, Flemington, N.J.

- Jamaica Hospital Medical Center, Queens, N.Y.
- MetroHealth Medical Center Department of Family Medicine, Cleveland, Ohio
- Middlesex Family Medicine Residency, Middletown, Conn.
- Oak Street Health, Philadelphia, Pa.
- Phelps Family Medicine Residency Program, Sleepy Hollow, N.Y.
- People's Community Clinic, Austin, Texas
- St. Louis VA Hospital, St. Louis, Mo.
- Susan Samueli Integrative Health Institute at UC Irvine, Irvine, Calif.
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APPENDIX. EVIDENCE SUMMARY FOR WHOLE-PERSON CARE

AIM #1: BETTER OUTCOMES

Evidence supports the use of whole-person care, its components and individual evidence-based non-drug treatments in providing better health care to patients.

Examples of Whole-Person Care

The Veterans Administration

The Veterans Administration (VA) piloted a new type of care at 18 sites that shifts from a disease-focused, transactional system to a relationship-focused, team-based model that addresses physical, emotional and social factors. It incorporates self-care and complementary and integrative health approaches and "empowers and equips veterans to take charge of health, healing and wellbeing."[1] The VA calls this the Whole Health System of care.

In fiscal years 2018 and 2019, the VA studied the costs of providing Whole Health services to 133,476 veterans who began receiving these services during this time period. The Whole Health System of care had many benefits for veterans, according to this two-year evaluation.[2]

Veterans with chronic pain who received Whole Health services, compared to those who received usual care, reported:

- More healthy behaviors
- Being more engaged with health care decisions
- Small improvements in purpose in life, wellbeing and quality of life
- Improvements in ability to manage chronic pain as measured by the Perceived Stress Scale[1]

Focusing on health and wellbeing decreased use of opioids.

Whole Health service users with chronic pain had larger decreases in opioid doses than veterans who received the usual care. Decreases were largest in veterans who used more Whole Health services.[1]

University of Arizona

The University of Arizona combines conventional and complementary medical treatments, including nutrition, mind-body medicine, acupuncture, manual medicine, health coaching, educational classes and groups in its Integrative Health Center, a primary care clinic for adults.

Results of pre-post evaluation of patient-reported outcomes (n = 177) showed positive impacts after one year "in mental, physical and overall health; work productivity and activity; and overall well-being."[3]

Specific results included:

- Less time at work impaired
- Better sleep
- Less fatigue and pain
- More consumption of vegetables and more physical activity
- Improvements in self-reported quality of life (SF-12 in general health items, physical component and mental component)
- Improvements in depression symptoms, anxiety symptoms and mental wellbeing (measured by WHO-5, PHQ-2 and GAD-2 scores)[3]

More Evidence for Whole-Person Care

Multicomponent Self-Care Programs

Intensive lifestyle changes, including a 10 percent fat whole foods vegetarian diet, improved outcomes at one and five years in patients with moderate to severe coronary heart disease. Other lifestyle changes were aerobic exercise, stress management training, smoking cessation and group psycho-social support.[4]

Social Determinants of Health

Geisinger's program of providing free food as a treatment for diabetes along with patient education on nutritional cooking and eating improved key outcomes such as weight loss and diabetes. Patients had an average 2-point drop in HbA1c, along with lower weight, blood pressure, triglycerides and cholesterol.[5]

Traditional meal delivery of frozen meals by Meals on Wheels includes socialization and a safety check. In this randomized controlled trial, seniors who received home-delivered meals were less lonely than those who were on the waiting list to receive meals (n = 2,015). The biggest improvements on all outcomes were seen among seniors who received daily meals.[6]

Health Coaching

Health coaching can relieve stress, improve medication adherence and lower HbA1c.

Health coaching improves outcomes, including better medication adherence and outcomes for diabetes and heart disease.

Evidence-based health coaching for health plan members (n=14,591) helped:

- 77% of participants reduce stress
- 50.5% of participants increase or meet physical activity recommendations
- 65.2% of participants improve nutrition
- 44.2% of participants lose weight
- 7% of participants quit tobacco[7]

Compared to usual care, health coaching resulted in:

- Increased medication adherence[8]
- Improved HbA1c[9]

Non-Drug Treatments:

There is a growing body of evidence for improving health outcomes by using different non-drug therapies for a variety of health conditions. The VA has developed an evidence table that includes modalities that have shown potential benefit.[10]

AIM #2: IMPROVED PATIENT EXPERIENCE

Evidence supports the use of the whole-person care, its components and individual evidence-based, non-drug treatments in providing a better patient experience.

Models Like Whole-Person Care

The Veterans Administration

Veterans at VA sites piloting the Whole Health System reported higher ratings of patient-centered care on items relating to discussing care goals and difficulties with their provider.[1]

University of Arizona

At the Integrative Medicine Primary Care Clinic, almost all patients (97%) would recommend the program to others. All patients (100%) reported that their practitioners treated them with respect. On a 10-point scale (1 = worst and 10 = best):

- 93% of patients rated trust in their practitioner between 7 and 10
- About 89% of patients rated overall satisfaction between 7 and 10[3]

University of Michigan

The University of Michigan provides patient-centered, whole-person care that integrates conventional medicine with evidence-based, non-drug approaches in its Integrative Medicine Clinic. A program evaluation showed high patient satisfaction with the clinic, including:

- More than half the patients rated their care as “excellent” or “best care ever” (37.6% and 24.7%, respectively).
- In resolving the primary issue, 55.3% of patients said the integrative medicine patient plan made “a significant difference” and 7.1% said that it “completely resolved my issue.”[11]

In rating the impact of visits to the clinic on overall quality of life, 82.4 percent of patients reported at least mild improvement.[11]

APPENDIX. EVIDENCE SUMMARY FOR WHOLE-PERSON CARE

More Evidence for Whole-Person Care

Person-Centered, Relationship-Based Care

The Southcentral Foundation provides relationship-based, whole-person care for Native Alaskans (sometimes called the Nuka system). The foundation's approach includes calling and treating people as customer-owners rather than patients. Outcomes were a marked improvement over the more disease-oriented treatment approach taken before the Nuka system was put in place. In a survey of 2,126 customer owners:

- 93.5% agreed that a relationship is important in improving health outcomes.
- 83.1% of customer-owners who self-reported a strong health rating had a relationship with a primary care provider, compared to 73.3% of those who did not report a strong health rating.[12]
- 96% were satisfied with their overall care.
- 95% said they had input into care decisions.[13]

Improving Patient Loyalty and Retention

Strong doctor-patient relationships based on compassion, listening and good communication are key drivers of patient loyalty for patients who were at the highest risk of switching providers, based on a Press Ganey analysis of one million patient records.[14]

Eighty-four percent of people would show more loyalty toward medical providers if they offered services to support health and wellbeing outside of the clinic such as nutrition, stress management and weight loss, according to a survey of 1,600 adults nationwide. Respondents also want provider support in meeting their overall health goals rather than just in treating a disease.[15]

Health Coaching

After 12 months, the mean trust level in primary care providers of low-income patients with hypertension, hyperlipidemia or poorly controlled diabetes (n = 224) increased more in patients receiving health coaching than in patients receiving usual care.[16]

Examples of Non-Drug Treatments

Mind-body practices improve patient experience by reducing anxiety and pain during stressful medical experiences and procedures. Studies of guided imagery, music, hypnosis and relaxation techniques have all demonstrated improvements in patient experiences.[17, 18, 19, 20, 21, 22]

AIM #3: LOWER COSTS

Evidence supports the use of whole-person care, its components and individual evidence-based, non-drug treatments in lowering costs.

Examples of Whole-Person Care

The Veterans Administration

Health care costs at the VA were 12 to 24 percent lower for veterans who received Whole Health services.

Health care costs were lower for 133,476 veterans who received Whole Health services compared to those who received usual care in fiscal years 2018 and 2019:

- 12% to 24% lower costs in all categories except drugs
- 4.1% less increase in drug cost
- $4,845 total savings per person (20%)[2]

Drug costs increased less for comprehensive Whole Health service users than for veterans who received usual care. Comprehensive Whole Health service users had at least eight visits in fiscal years 2018 and 2019, including both core whole health services and complementary and integrative health services:

- In veterans with mental health conditions (PTSD, anxiety and/or depression), annual increases in drug costs were:
  - 3.5% for comprehensive whole health services users
  - 12.5% for veterans who received usual care
- In veterans with chronic conditions, annual increases in drug costs were:
  - 5.3% for comprehensive Whole Health services users
  - 15.8% for veterans who received usual care[2]

Alternative Medicine, Inc.

Primary care physicians in Alternative Medicine, Inc. were doctors of chiropractic who specialized in nonpharmaceutical/nonsurgical approaches to pain. Alternative Medicine, Inc. was an integrative medicine independent provider association under contract with a large HMO in metropolitan Chicago.

Analysis of clinical and cost outcomes based on claims and patient surveys over 21,743 member months for 4 years showed lower costs for integrative medicine patients who had primary care physicians who were doctors of chiropractic compared to those who received usual care. Per 1,000 patients, integrative medicine patients had:

- 43% fewer hospital admissions
- 58.4% fewer hospital days
- 43.2% fewer outpatient surgeries and procedures
- 51.8% lower drug costs[23]

Claims analysis after 7 years demonstrated that compared to conventional medicine, Alternative Medicine, Inc. members had:

- 60.2% fewer admissions
- 59% fewer hospital days
- 62% fewer outpatient surgeries
- 85% lower pharmaceutical costs[23]

More Evidence for Whole-Person Care

Multicomponent Self-Care Programs

The multicenter Diabetes Prevention Program for patients with prediabetes showed that:

- Lifestyle changes delayed development of diabetes and reduced incidence more than metformin:
  - » Lifestyle changes: 11-year delay and 20% less total incidence
  - » Metformin: 3-year delay and 8% less total incidence
- The cost of lifestyle changes to society is about $8,800 per quality-adjusted life-year (QALY) saved compared to about $29,900 for metformin. One QALY is equal to 1 year of life in perfect health.[24]

The Maharishi Vedic Approach, a multicomponent prevention program that includes meditation, yoga, nutrition recommendations, supplements and breathing exercises, was cost-effective in preventing disease. Results from a retrospective study using Blue Cross/Blue Shield Iowa data for patients who received care under the Maharishi Vedic Approach (n = 693), statewide norm (n = 600,000) and a control group (n = 4,148) included:

- 4-year total medical expenditures for the Maharishi Vedic Approach group that were:
  - » 59% lower than the statewide norm
  - » 57% lower than the control group
- At 11 years, total medical expenses were 63% lower for the Maharishi Vedic Approach group than the statewide norm.[25]

The Multicenter Lifestyle Demonstration Project reported cost savings of $29,529 per person who made lifestyle changes plus yoga, meditation and progressive relaxation. Cost savings were calculated by subtracting the cost of the experimental intervention from the cost of procedures.[26]

Social Determinants of Health

WellCare's Healthy Connections program provided referrals to community-based public assistance programs, such as housing services and utility assistance, for 2,718 participants insured through Medicare Advantage or Medicaid managed care in 14 states.

Medical cost savings in the year after the social need(s) was(were) met, compared to those who had no needs met, were:

- About $1,500 for participants with at least 1 social need met
- About $2,443 (10% lower) for participants with all social needs met[27]

Person-Centered, Relationship-Based Care

Improved communication and trust between providers and customer-owners (patients) at the Southcentral Foundation allows health issues to be addressed earlier, often before they become serious enough to require hospitalization. The Southcentral Foundation spends two to three times more on primary care than the national average, and it has reduced:

- Emergency department (ED) visits by 40%
- Hospital stays by 36%

Also, the mean number of ED visits was lower for customer-owners (their name for patients) who had better relationships with their providers (as per the CARE measure)[12]

Relationship-based, person-centered care reduced ED visits by 40 percent and hospital stays by 36 percent at the Southcentral Foundation.

Health Coaching

Administrative claims data for high-cost commercial health plan members with multiple comorbidities and/or high adjusted clinical group risk scores were compared for members who received health coaching (n = 1,161) and members who did not receive health coaching. Health coaching led to significant reductions in outpatient and total expenditures:

- Estimated outpatient savings of $286 per person per month
- Estimated total cost savings of $412 per person per month[28]

Health coaching significantly reduces outpatient and total healthcare costs.

Examples of Cost Savings from Non-Drug Treatments

Mind-Body Practices, Acupuncture, Yoga and Tai Chi

A 14-member expert panel from the Institute for Clinical and Economic Review analyzed cognitive and mind-body practices in 28 randomized controlled trials for chronic low back pain and 17 randomized controlled trials for chronic neck pain. The panel reviewed acupuncture, cognitive behavioral therapy (CBT), mindfulness-based stress reduction (MBSR), yoga and Tai Chi, compared to usual care, sham therapy or other active therapy.

Using economic modeling, the panel estimated incremental costs per QALY over 5 years of $3,929 for yoga, $19,975 for MBSR, and $93,799 for CBT.[29]

Results include:

- MBSR and yoga, at less than $50,000 per QALY, were automatically considered high-value interventions.
- More than 90% of the expert panel rated the long-term value for money of acupuncture and CBT as intermediate or high versus usual care alone.
- The cost of covering MBSR, yoga and Tai Chi for a hypothetical health insurance plan covering 1 million members was estimated to be at most $0.23 per member per month. This is about 5% of the estimated cost of medications for pain and inflammation.[29]

MBSR, yoga and acupuncture are cost-effective in treating chronic low-back or neck pain.

Mind-Body Practices

A one-year economic evaluation conducted along with a randomized controlled trial of CBT and MBSR versus usual care alone for chronic low back pain included 301 patients in an integrated healthcare system. Results include:

- Compared to usual care, MBSR saved money:
  - » Reduced total societal costs by $724 per participant
  - » Reduced health care costs to the payer by $982 per participant[30]

Acupuncture, Medical Yoga and Spinal Manipulation

Acupuncture, medical yoga and spinal manipulation were among the cost-effective options for low back pain identified in a review of 33 cost effectiveness studies.[31]

AIM #4: IMPROVED CLINICIAN EXPERIENCE

Evidence supports the use of whole-person care and its components in improving the experience of physicians and reducing burnout, a key driver of health care costs.

Examples of Whole-Person Care

The Veterans Administration

- Clinical staff who are more involved with Whole Health were less likely to resign.
- All employees who were involved with Whole Health were more engaged and less likely to experience burnout, which increased workforce stability.
- Employees reporting any involvement in Whole Health in 2019 identified their VA as a Best Place to Work and reported better leadership, intrinsic motivation and being more engaged due to the behaviors of their supervisors.[1]

Primary care providers who focus on health and wellbeing are less likely to burn out than other physicians.

Integrative Medicine

- 67% of doctors surveyed reported quality of life as "much better" or "somewhat better" since beginning to practice integrative medicine, according to a survey of 1,133 integrative medical doctors and doctors of osteopathy from 49 states conducted by the market research company Pure Branding.[31]

More Evidence for Whole-Person Care

Evidence shows that relationship-based, person-centered care, including compassion and being able to address social determinants of health, results in a better physician experience.

- Relationship-centered physician communication skills training resulted in significant improvement in empathy and burnout, including all measures of emotional exhaustion, depersonalization and personal accomplishment, in an observational study comparing 1,537 physicians who participated in the training with 1,951 physicians who did not.[33]
- Employee turnover at Southcentral Foundation, which provides relationship-based, whole-person care for Native Alaskans, decreased 15% from 2007 to 2015.[13]
- Physicians who perceived that their clinic was able to meet patients' social needs were less likely to be burned out according to an analysis of 1,298 family physicians in ambulatory primary care settings.[34]
- Acupuncture training was significantly associated with decreased depersonalization of patients, a factor in burnout, according to a survey of 233 family physicians at the Uniformed Services Academy of Family Physicians 2017 conference.[35]

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