

HELPING PATIENTS WITH CHRONIC DISEASES AND CONDITIONS HEAL WITH THE HOPE NOTE

Integrative Primary Care Case Study

The HOPE (Healing Oriented Practices & Environments) Note is a simple tool for adding integrative health care to a routine office visit. This patient-guided process identifies the patient's values and goals in life and for healing so the physician can assist the patient in meeting those goals with evidence and other support.

Integrative primary care is the coordinated delivery of evidence-based conventional medical care, complementary medicine and lifestyle medicine within a primary care practice.

FEATURED PRIMARY CARE PROVIDER



Wayne Jonas, MD

Dr. Jonas is a practicing family physician, an expert in integrative health and health care delivery and a widely published scientific investigator. Currently, Dr. Jonas is the Executive Director of Samueli Integrative Health Programs, an effort supported by Henry and Susan Samueli to empower patients and doctors by providing solutions that enhance health, prevent disease and relieve chronic pain.

THE CHALLENGE

Conventional Medicine Isn't Enough to Manage Chronic Disease

Today, 45 percent of Americans have at least one chronic disease,* which accounts for 81 percent of hospital admissions, 91 percent of prescriptions and 76 percent of all physician visits.¹

One chronic disease is chronic pain: the #1 reason patients seek medical care and the #1 cause of disability and addiction. Chronic pain is the highest driver of health care costs—costing more than cancer, heart disease or diabetes, and more than the combined cost of cancer and diabetes.²

Healing Requires Alternatives to Conventional Approaches

As currently practiced, modern medicine is missing nearly 80 percent of what contributes to healing for chronic diseases.³ In chronic pain, for example, most treatments that have been rigorously studied are found to improve pain only about 20 to 30 percent over controls.⁴

More than half of the top 25 chronic diseases, including pain, hypertension, hyperlipidemia, diabetes, obesity, asthma, anxiety and depression, can be managed primarily with lifestyle and integrative health approaches. These approaches include better nutrition, physical movement, stress management, sleep, social support and evidence-based complementary medicine such as yoga therapy, acupuncture and massage therapy.⁵

“Managing chronic disease requires an approach in which all aspects of a person’s life are considered—one in which the focus is not just on treating disease, but also on promoting health and healing.”

Wayne Jonas, MD

Training and Incentives Focus on Conventional Approaches

The dilemma is that physician training and the incentives in health care encourage a focus on conventional approaches, such as drugs or medical procedures, to manage chronic disease. But most of health comes from outside those practices. It is necessary to integrate self-care and evidence-based complementary healing methods with conventional practices for the management of chronic disease.⁵

* The terms chronic disease and chronic condition are often used interchangeably. This case study uses chronic disease.

THE JOURNEY

A Primary Care Doctor Studies How Healing Works

As a primary care provider, Wayne Jonas, MD, found that the SOAP (subjective, objective, assessment and plan) note that physicians use every day in practice was too narrow to effectively address the underlying determinants of the chronic diseases he saw such as chronic pain, obesity, diabetes and hypertension.

The SOAP note works best when diagnosing and managing acute diseases or the symptoms of chronic illness. It mostly focuses on the body and physical treatments for the body. It only superficially touches on other key factors for sustainable healing such as social and emotional factors, lifestyle and a patient's goals and values. Rarely does it encompass shared decision-making with the patient or support self-care practices. Yet, these are all crucial to health, sometimes even more so than specific medical treatments.⁵

“As physicians, we know that most health comes from outside the office visit. An integrative approach reaches into the patient’s life space and brings the determinants of health into the office.”

How Healing Works

Dr. Jonas observed that many patients were able to heal by supporting their inherent healing capacity. Their beliefs and behaviors helped them heal more than the medical treatment they received.⁴

Along with his experience as a family doctor, Dr. Jonas has spent nearly 40 years researching healing as a scientist and exploring many medical systems from around the world. By working with a variety of perspectives with physicians, healers, patients and researchers, he discovered that modern medicine's technologies, techniques and chemicals were only a small part of healing.

About Wayne Jonas, MD

Dr. Jonas is a practicing family physician, an expert in integrative health and health care delivery and a widely published scientific investigator. Currently, Dr. Jonas is the Executive Director of Samueli Integrative Health Programs, an effort supported by Henry and Susan Samueli to empower patients and doctors by providing solutions that enhance health, prevent disease and relieve chronic pain. Before that, he was President and Chief Executive Officer of Samueli Institute, a non-profit medical research organization supporting the scientific investigation of healing processes in the areas of stress, pain and resilience.

Earlier in his career, Dr. Jonas was the Director of the Office of Alternative Medicine at the National Institutes of Health and the Director of the Medical Research Fellowship at the Walter Reed Army Institute of Research. He is a retired Lieutenant Colonel in the Medical Corps of the United States Army and a Fellow of the American Academy of Family Physicians.

Dr. Jonas's research has appeared in peer-reviewed journals such as the *Journal of the American Medical Association*, *Nature Medicine*, *Journal of Family Practice*, *Annals of Internal Medicine* and *The Lancet*. He has received many awards, including the 2015 Pioneer Award from the Integrative Healthcare Symposium, the 2007 America's Top Family Doctors Award, the 2003 Pioneer Award from the American Holistic Medical Association, the 2002 Physician Recognition Award from the American Medical Association and the 2002 Meritorious Activity Prize from the International Society of Life Information Science in Chiba, Japan.

THE SOLUTION

The HOPE Note Improves Chronic Disease Care

The HOPE (Healing Oriented Practices & Environments) Note is a simple tool for improving a patient's health and wellbeing, particularly if the patient has any chronic diseases. Dr. Jonas developed the HOPE note to add integrative health care to a routine office visit and to complement the SOAP note. The goal is to reframe the patient/physician orientation from one of disease treatment to one that emphasizes health promotion and self-healing while integrating evidence-based complementary and lifestyle approaches into conventional medical care.

“The HOPE note is a patient-guided process designed to identify the patient’s values and goals in their life and for healing. Your role as the physician is to provide the evidence and support to help them meet those goals.”

Questions about the Components of Healing

The HOPE note is used to evaluate aspects of a patient’s life that facilitate or detract from healing and serves as a tool for delivering integrative health care through a routine office visit.

Questions seek to identify a patient’s personal determinants of health and healing in the following areas:

- Behavior and lifestyle
- Social and emotional
- Physical environment
- Mind and spirit factors
- Social determinants⁵

Shared Decision-Making and an Action Plan

Working through the HOPE questions with the patient facilitates shared decision-making about the patient’s health and healing. This puts the patient front and center in the care plan and brings out the patient’s own intuition about what he/she most needs to heal. Thus, it is inherently patient centered. The physician combines the patient’s values and goals with his/her knowledge of the evidence about healing to develop an action plan.

The patient and physician mutually agree upon, and then track progress on, the action plan. The physician provides continuing support, for example, through a health coach, group visits, health education, a health app or ongoing informational resources.

The Role of the HOPE Note in Integrative Primary Care

The HOPE Note provides one quality of high-value integrative primary care:

- Standing orders and protocols: Practices develop standing protocols to elicit information to identify the patient’s values and goals in his/her life and for healing to better understand issues beyond the regular medical visit.

The HOPE Note is a tool to incorporate the known components of high-value primary care and integrate them with evidence-based complementary practices and self-care. We call this “high-value integrative primary care.” Payment for high-value primary care lowers health care costs. It is gradually and increasingly being rewarded from Medicare and other payers.

 **34%**
LOWER SPENDING

High-value practices compared to average value practices⁶

Qualities of Integrative Primary Care

1. Expanded access to care
2. Integrative health care
3. Standing orders and protocols
4. Upshifted staff roles
5. Careful selection of specialists, including specialists in complementary medicine
6. Decision support for evidence-based medicine
7. Patient engagement in care decisions
8. Comprehensive primary care

[Learn more](#) about each quality.

Paying for HOPE

The U.S. health care system is not yet designed for the type of integrative approach required in the HOPE model, according to Dr. Jonas. Instead, the mostly event-driven, fee-for-service model is based on an acute care system that favors volume over value, and rewards procedures and pills more than prevention and health promotion.

As health care moves toward making physicians responsible for the collective health of patients, however, reimbursement will require physicians to proactively manage chronic disease.

How to Pay for the HOPE Model Now

There are, however, some ways to pay for integrative primary care now, including⁵:

- **Annual wellness visits:** Medicare and most Medicare Advantage plans, Medicaid systems and commercial insurers cover annual wellness visits. The annual wellness visit includes advance care planning, and referrals to educational and counseling services or programs such as nutrition, tobacco-use cessation, weight loss, biometric screening and functional ability screening.
- **Care coordinators:** Care coordinators, often nurses or licensed social workers, can support high-need patients with advanced illness or special needs. This can be paid for under the annual wellness visit and other codes. Adding the additional skill of health coaching allows a practice to expand its services to other chronic diseases that require behavioral change.

- **Chronic care management:** Medicare reimburses chronic care management services for patients with two or more chronic conditions under separate codes. Practices that are patient-centered medical homes or accountable care organizations may have the potential for additional compensation. Extra-reimbursement for high-need patients can also be tapped.

The Evidence Behind the HOPE Note Model

The HOPE note is a tool for pulling together a number of approaches shown to improve care, reduce costs and ease burnout. The specific questions in the HOPE note have not been studied in clinical trials; however, those questions should be adjusted in every case to your population and patients to accomplish the goals of integrative primary care. Studies have provided evidence for most of the principles and components of the HOPE note. Some of that research is presented below.

Putting the Patient Front and Center

The HOPE Note questions engage patients to think about their role in their own health and health care. An editorial in *Health Affairs* called patient engagement “the blockbuster drug of the century,”⁷ while the Institute of Medicine considers engaged patients to be “central to an effective, efficient, and continuously learning system.”⁸

Engaged patients:

- Are more motivated to take care of their health
- Make better day-to-day decisions about their health
- Are more likely to keep appointments
- Tend to be more satisfied with their care
- Experience fewer complications
- Have an improved quality of life^{7,9-10}

They are also more likely to choose more conservative, less expensive interventions, resulting in lower costs.¹¹

Reducing Costs

Putting the patient front and center is best for the patient; however, it can also help primary care physicians thrive in the emerging value-based system, where reimbursement depends not on services provided but on the value produced. The formula for value is: quality + outcomes/cost.⁵

For example, beginning soon, Medicare payments for specific services will be lower but bonuses will be available for meeting certain quality indicators, most of which are for chronic diseases and conditions, such as blood glucose management in patients with diabetes.¹²

Providing integrated care to patients with chronic diseases:

- Improves outcomes
- Reduces costs

As practices become more reliant on value-based reimbursement, the cost of care in relation to the outcomes becomes paramount. There is excellent evidence that providing integrated care to people with chronic diseases not only improves outcomes; it is also cost effective and even results in cost savings.¹³⁻¹⁴

For example, the lora primary care system uses health coaching and a life-based assessment process, similar to that provided in the HOPE consultation, as a basis for care delivery. lora has consistently demonstrated improved outcomes and lower overall costs, which increase the longer the population is cared for.

Data on 10 clinics open for two years or more show:¹⁵

- Engagement rates of 85% per year
- Retention rates of 90% per year (94% of those engaged)
- Medical expense decrease of 14% per year
- In-patient admissions and emergency room visits more than 40% below the Medicare fee-for-service average
- 21% improvement in hypertension outcomes

One hundred percent of patients needing urgent care get a visit within 24 hours. lora also:

- Has a 90 Net Promoter Score (out of 100) across Medicare markets (patients recommend lora to others)
- Sees yearly increases in its STAR ratings (Medicare system of quality in five categories) of up to 30%
- Meets and exceeds Triple Aim standards

Improving Outcomes

There is good evidence that the holistic approach used in the HOPE note can improve outcomes and reduce costs in patients with chronic disease. For instance, the Cornell Program for Healthy Living, part of an Aetna health insurance plan, offers an enhanced wellness program for members in the Ithaca, NY area. The program includes the development of a Healthy Action Plan, which the primary care physician helps the patient implement. When the plan includes referrals to local resources such as smoking-cessation or weight-loss programs, those services may be covered 100 percent or at a discount. Faculty and staff at Cornell University can also choose between a \$15 monthly discount from a local fitness center or a free Cornell Wellness membership.

Despite an extra 5 percent spent on this wellness benefit, Aetna and Cornell report lower growth in expenditures compared to a similar plan without the wellness benefit (23% vs. 37%), as well as lower overall costs.¹⁶⁻¹⁷

Preventing Burnout

More than half of physicians in 2014 said they were burned out, a 10 percent increase over 2011. Reasons for this growing rate of burnout include excessive workload, loss of control over the work, loss of meaning in their work and the time required to document in the electronic health record. All this interferes with the patient/physician relationship and reduces job satisfaction.¹⁸

Using the HOPE note and a more integrative, team-based approach can restore the patient/physician relationship, lead to real benefits for seemingly intractable conditions and, hopefully, inspire physicians to participate in some stress-relieving approaches and live healthier lifestyles.⁵

[Learn more](#) about patient-centered team-based care.

THE IMPLEMENTATION

Patient-Guided HOPE Note Process Facilitates Healing

Patients with chronic pain and other chronic diseases are often discouraged. Despite having seen many physicians and tried many treatments, they still suffer and don't know how to get well.⁵ A HOPE visit enables the physician to re-orient the discussion to what's meaningful for the patient and provide new ways to heal. The patient leaves with a sense of hope and is ready to go on his/her healing journey.

Conquering Sally's Chronic Pain: Patient Case

By the time Sally went to see Dr. Jonas, she had spent 10 years with chronic, refractory low back pain that started after she rear-ended a car in what she thought was a relatively minor accident. Sally had “tried everything” for the pain, which had forced her to retire from her job as a corporate vice president.

Dr. Jonas prescribed non-steroidal anti-inflammatories (NSAIDs) and physical therapy. These helped for a bit, but Sally's pain never completely disappeared.

A month later, Sally picked up a suitcase and hurt her back again. She was prescribed more NSAIDs, an opioid and more physical therapy. Her pain worsened, and Sally began to seek out more opioids from several physicians. Tests confirmed that Sally's pain was musculoskeletal and surgery was not an option. Sally was also diagnosed with depression, but refused to undergo cognitive behavioral therapy or go into rehabilitation for what had, by then, become an opioid addiction.

“I am not crazy or addicted,” she said to Dr. Jonas when she came in for her HOPE visit. “My back hurts.”

An Integrative Approach to Pain Management

During a HOPE visit, Dr. Jonas helped Sally explore her pain and together, they developed an action plan for healing. Dr. Jonas helped Sally learn how to sleep better, create a relaxing environment to reduce stress and come to terms with the fact that she was still a worthy person even though she was no longer a high-powered executive. Unhappiness about this loss of identity was preventing her from engaging in self-care behaviors that would help her pain.

Dr. Jonas used a team of professionals to help Sally, including:

- A pharmacologist to provide guidance on reducing opioids and optimizing other medications
- A behavioral therapy expert to help with sleep and support behavior change
- A yoga instructor with training and skills in dealing with chronic back pain

The team also included Sally's family, which needed to learn how to give her time and space to heal, and Sally herself, who had to learn that it was okay to forgive herself for taking her life in a different direction.

In the end, this integrated approach provided long-term pain relief and improved function and wellbeing for Sally.

Preparing for a HOPE Visit

Preparing for a HOPE visit requires understanding the need for integrative health in primary care. Our report: [The HOPE Note: Bringing an Integrative Approach to Primary Care](#) offers:

- The evidence behind the HOPE note
- The benefits of integrative health in your practice
- How to pay for an integrative health visit

Download the report, and a one-page information sheet on the HOPE note summarizing the why and how of an integrative health visit, [here](#).

*“In a HOPE visit, I ask **what matters** to the patient, **not just what’s the matter**, and explore what they’re doing already to help their health and healing.”*

The HOPE Visit

Completion of the HOPE note follows completion of the medical diagnosis, including a SOAP note. Sample questions are:

Behavior and lifestyle

- Do you smoke or drink alcohol or take drugs? If so, how much?

Environment

- What is your home and work environment like? Chaos or calm? Cluttered or ordered?

Social and emotional

- How is your social support? What are your social connections and relationships?

Mind and spirit

- How has your illness impacted your life? What would you do if you regained health?

Social determinants

- Do you ever have problems making ends meet at the end of the month? How often does your family have enough to eat? Is your community safe?

Resources to Guide a HOPE Visit

- Question templates for HOPE note discussions
- Video illustrating a HOPE note visit

Download these resources on the [HOPE Visit](#) page.

The Action Plan

After the discussion, the physician and the patient create a HOPE list of the top three items to work on that are most meaningful to the patient and supported by evidence. Items generally fall within the following categories:

- Stress management and resilience
- Physical activity and sleep
- Nutrition and substance use
- Social support
- Mind and spiritual dimensions
- The environment

The physician connects the patient's HOPE list priorities and health goals to his/her medical advice and treatment. This becomes the action plan for implementing changes that facilitate healing.

Continued Support After the HOPE Visit

After the HOPE visit, the physician provides continued support to help the patient implement the action plan. Health coaching, group visits, tele-health and regular check-ins are key.

Strategies to Help Patients Heal

Here are some strategies to provide the regular check-ins that patients need to progress toward their health goals:

- **Health coaching.** A health coach can follow up by phone or via tele-health to help patients develop SMART goals, overcome daily challenges and support them for success. Health or wellness coaching is a distinct set of skills different from expert advice that might be provided by a physician, nutritionist or fitness coach. Learn more about health coaching:
 - » [International Consortium for Health & Wellness Coaching](#)
 - » [National Society of Health Coaches](#)
 - » Case study when posted
- **Group visits.** These are an excellent option for patients with chronic diseases, providing them with peer support and team learning. Group visits may also be reimbursable for a variety of conditions including pain, diabetes and metabolic syndrome, obesity and mental health conditions. [Learn more](#) about group visits.

- **Technology assists.** Encourage patients to use apps and tracking devices that can provide insight into their progress. Increasingly sophisticated technologies are interacting with patients for behavior change and direct, non-drug treatments.
- **Education.** Provide resources, tools and links applicable to the individual patient's situation.

Resources for Continued Support

- [Patient Handout](#) with tips and resources for making simple, healthy changes
- [Developing an Integrative Health Model: Who, What, and How](#) to learn how to work with complementary, alternative and integrative providers

Conclusion

A new world of medicine and health care is emerging, more appropriate for the chronic conditions of today. In this world, attention is paid to all of the determinants of health, not just the physical manifestations of disease. Incentives are being realigned to prevent disease, promote health and increase wellbeing rather than just treat disease.

Now is the time for primary care physicians to rebalance their practices. Learning to address patients' issues holistically and listening to patients' life goals will be required to be successful in the new normal. The HOPE model offers one way to do this.

WHAT IS INTEGRATIVE HEALTH?

Integrative health is the pursuit of personal health and well-being foremost, while addressing disease as needed with the support of a health team dedicated to all proven approaches—conventional, complementary, and self-care.

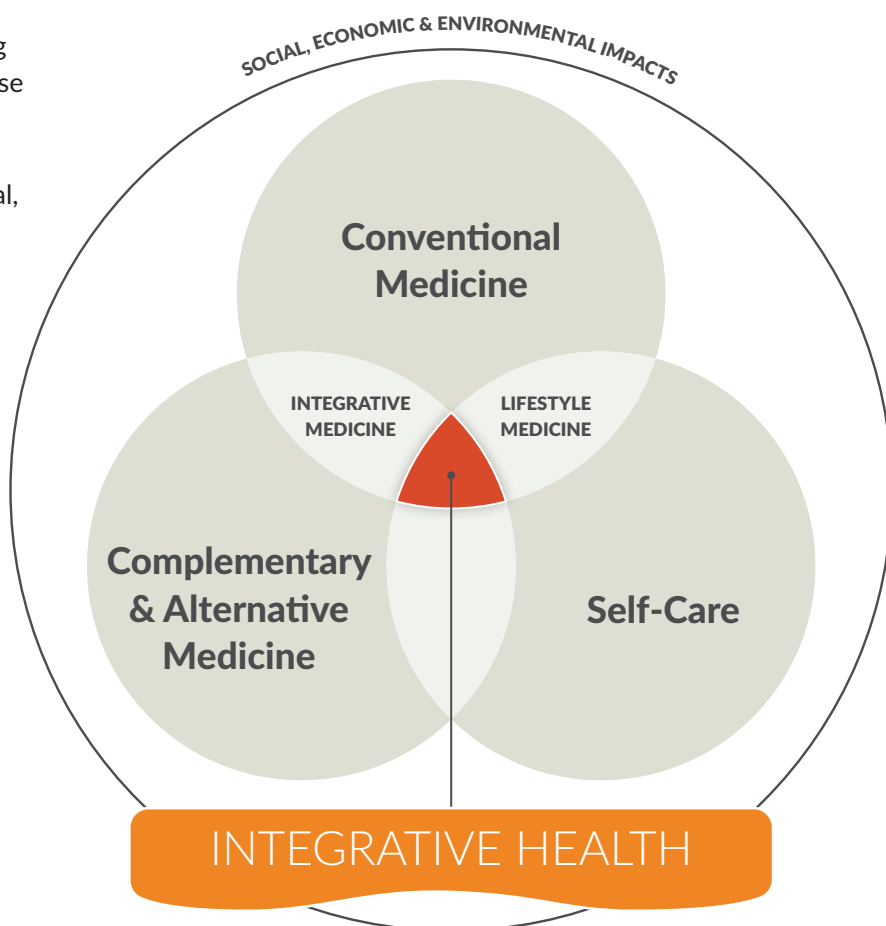
Optimal health and well-being arises when we attend to all factors that influence healing, including:

- Medical treatment
- Personal behaviors
- Social and emotional dimensions
- Mental and spiritual factors
- Social, economic, and environmental determinants of health

Integrative medicine is the coordinated delivery of evidence-based conventional medical care, complementary medicine, and lifestyle medicine for producing optimal health and well-being.

Integrative primary care is the coordinated delivery of evidence-based conventional medical care, complementary medicine, and lifestyle medicine within a primary care practice.

Lifestyle medicine incorporates healthy, evidence-based self-care and behavioral approaches into conventional medical practice to enhance health and healing.



Integrative health redefines the relationship between the practitioner and patient by focusing on the whole person and the whole community. It is informed by scientific evidence and makes use of all appropriate preventive, therapeutic, and palliative approaches, health care professionals, and disciplines to promote optimal health and well-being. This includes the coordination of conventional medicine, complementary/alternative medicine, and lifestyle/self-care.

Improve Care Quality and Patient Outcomes and Satisfaction

Incorporating integrative medicine into mainstream primary care practices enables physicians and other health care providers to:

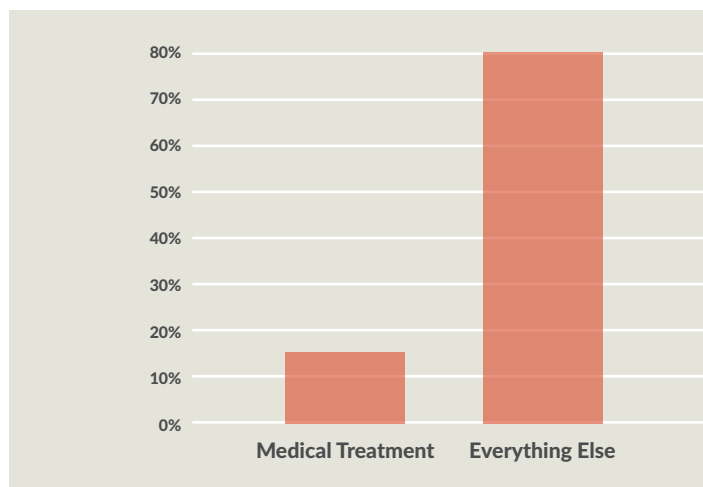
- Deliver higher quality care
- Improve patient outcomes and satisfaction ¹¹
- Lower costs
- Reduce burnout

Balance Healing and Curing in Chronic Diseases

As currently practiced, modern medicine, which is so powerful in treating acute disease, is missing nearly 80 percent of what contributes to healing for chronic disease. Even optimal medical treatment contributes only 15 to 20 percent to the health of a population.¹⁰

The rest comes from:

- Lifestyle and behavior
- Environment
- Social determinants of health¹⁰



Integrative health balances healing and curing. It goes beyond treating disease to helping patients thrive by tapping into their inherent healing capacity.¹⁰

Guide Patients on their Healing Journey

Integrative health starts with the physician or other primary care provider listening to the patient to understand his/her needs and values. Providers then match the patient's goals with good practices to promote healing and improve health and well-being.

Ways to Guide Patients

- Promote lifestyle, behavioral, and self-care changes
- Promote proven conventional practices and proven complementary practices
- Protect patients from dangerous, disproven, or toxic practices
- Permit practices that may work and have no harmful side effects
- Partner with patients. Be willing to research and discuss the evidence for conventional, complementary, and self-care.

THE RESOURCES

Resources about the HOPE Note

[*The HOPE Note: Bringing an Integrative Approach to Primary Care.*](#) DrWayneJonas.com, January 2018.

[The HOPE Note Overview](#) (one sheet). DrWayneJonas.com.

[HOPE Note](#). DrWayneJonas.com/HOPE, with links to:

- [HOPE Visit](#) page, including:
 - » Question templates for HOPE note discussions
 - » Video illustrating a HOPE note visit
- Continued Support page:
 - » [Patient Handout](#) with tips and resources for making simple, healthy changes
 - » [Developing an Integrative Health Model: Who, What, and How](#) to learn how to work with complementary, alternative and integrative providers

Other Resources for Integrative Primary Care

Chronic Disease Management with Group Visits: Integrative Primary Care Case Study

A Return to the Craft of Healing with Patient-Centered Team-Based Care: Integrative Primary Care Case Study

Resources about Integrative Primary Care

Integrative Primary Care Case Studies:

- [A Return to the Craft of Healing with Patient-Centered, Team-Based Care](#)
- [Chronic Disease Management with Group Visits](#)

Jonas, W. [Developing an Integrative Health Model: Who, What, and How](#), 2017.

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Dr. Jonas is a practicing family physician, an expert in integrative health and health care delivery, and a widely published scientific investigator. Dr. Jonas is the Executive Director of Samueli Integrative Health Programs, an effort supported by Henry and Susan Samueli to increase awareness and access to integrative health. Additionally, Dr. Jonas is a retired lieutenant colonel in the Medical Corps of the United States Army. From 2001-2016, he was president and chief executive officer of Samueli Institute, a nonprofit medical research organization supporting the scientific investigation of healing processes in the areas of stress, pain, and resilience.

Dr. Jonas was the director of the Office of Alternative Medicine at the National Institutes of Health (NIH) from 1995-1999, and prior to that served as the Director of the Medical Research Fellowship at the Walter Reed Army Institute of Research. He is a Fellow of the American Academy of Family Physicians.

His research has appeared in peer-reviewed journals such as the *Journal of the American Medical Association*, *Nature Medicine*, *Journal of Family Practice*, *Annals of Internal Medicine*, and *The Lancet*. Dr. Jonas received the 2015 Pioneer Award from the Integrative Healthcare Symposium, the 2007 America's Top Family Doctors Award, the 2003 Pioneer Award from the American Holistic Medical Association, the 2002 Physician Recognition Award of the American Medical Association, and the 2002 Meritorious Activity Prize from the International Society of Life Information Science in Chiba, Japan.

To access more information on integrative health, including tools and resources for patients and providers, visit DrWayneJonas.com

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