



# *The HOPE Note:* Bringing an Integrative Approach to Primary Care

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January 2018



[DrWayneJonas.com/HOPE](http://DrWayneJonas.com/HOPE)



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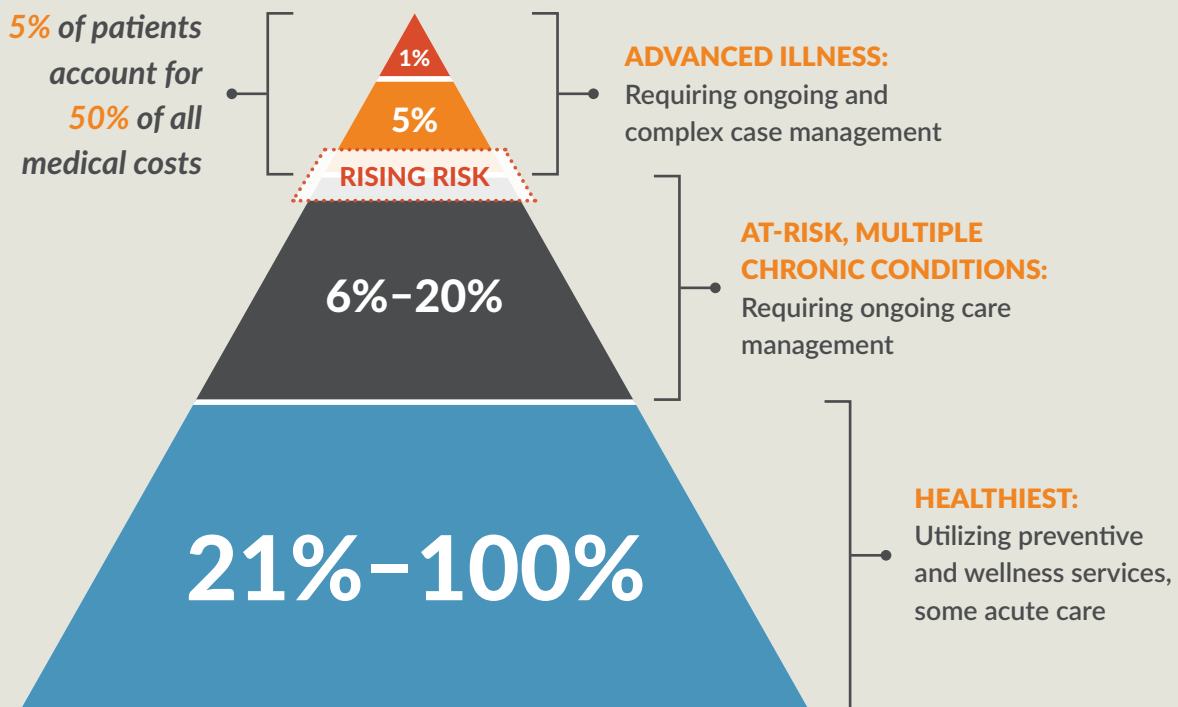
# THE COST OF CARE

It's clear that the US healthcare system needs changing. The costs are too high and the results too poor. The system also needs changing because our patients have changed. What we get mostly from healthcare was built on an acute care model to treat illness – usually applied at late stages. That approach no longer works for healing chronic disease we have today.

Today, 45 percent of Americans have at least one chronic disease, and most people possess risk factors that could lead to a future chronic illness. Chronic diseases account for 81 percent of hospital admissions, 91 percent of prescriptions, and 76 percent of all physician visits.<sup>1</sup>

In addition, just 1 percent of patients account for more than 20 percent of healthcare costs, with the top 5 percent of patients responsible for nearly half of all healthcare spending in the United States (Figure 1).<sup>2</sup> This is unsustainable in an environment in which the goals are to improve the health and wellbeing of populations while reducing costs.

**Figure 1: The Cost of Care**



Many of the medical conditions these patients have can be managed and even prevented with interventions that have little to do with medicine as currently practiced, such as weight loss, exercise, smoking cessation, nutrition, and stress management. Put simply, our healthcare system does not deliver what our patients need to have health and well-being. Today, seeing a doctor will provide patients with less than 20% of what they need to get or stay healthy.

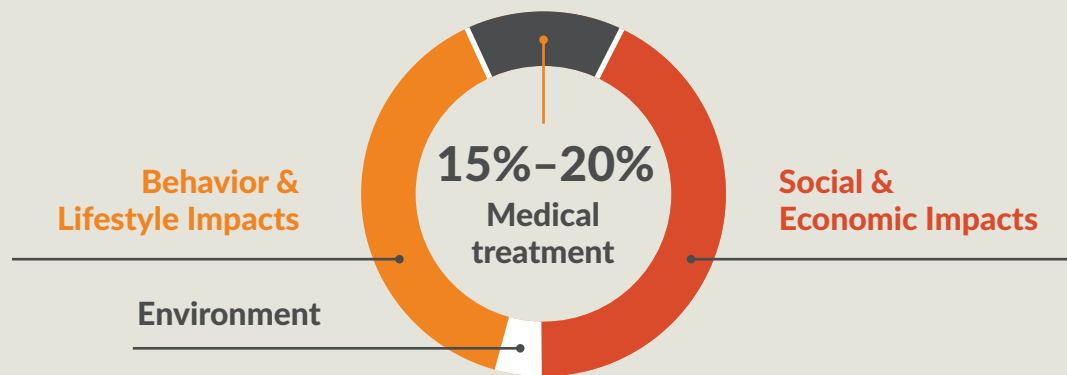
Thus, we need a shift from the physician-oriented, hierarchical system in which most doctors were trained to one that embraces a comprehensive approach to health involving alternative providers and, most important, the patients themselves.

That's where integrative health comes in.

# UNDERSTANDING THE DETERMINANTS OF HEALTH

One reason we need to reimagine medicine today is because of the influence of the nonmedical determinants to health. Only about 15 to 20 percent of health-related outcomes are attributable to medical interventions. The rest are related to health behaviors such as diet, physical activity, and smoking status, with the physical, social, and economic environment affecting a person's ability to make healthy choices and accessing medical care.<sup>3</sup>

**Figure 2: Determinants of Health**



Lifestyle factors, including smoking and diet, are the primary causes in seven of 10 deaths and 40 percent of all premature deaths.<sup>3,4</sup> Social factors, such as poverty, education, racism and the living environment either enable or inhibit a person's ability to engage in modifying those causes.

More than half of the top 25 chronic health conditions, including hypertension, hyperlipidemia, diabetes, obesity, chronic back pain, asthma, anxiety, and depression, can be managed not primarily with medications, but with lifestyle and alternative approaches. These include better nutrition, physical movement, stress management, sleep, social support, and evidence-based complementary medicine such as yoga, acupuncture, and massage therapy.

Thus, preventing and 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. This requires fully integrating preventive care, complementary care and self-care into the prevention and treatment of disease, illness, and injury.

The dilemma is that our training as doctors and the incentives in the current healthcare system encourage us to look no further than conventional approaches, such as drugs or medical procedures, to manage these conditions. We need to integrate self-care and evidence-based complementary healing methods into our overall approach to health management.

# UNDERSTANDING THE DETERMINANTS OF HEALTH

## Understanding the Terminology

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

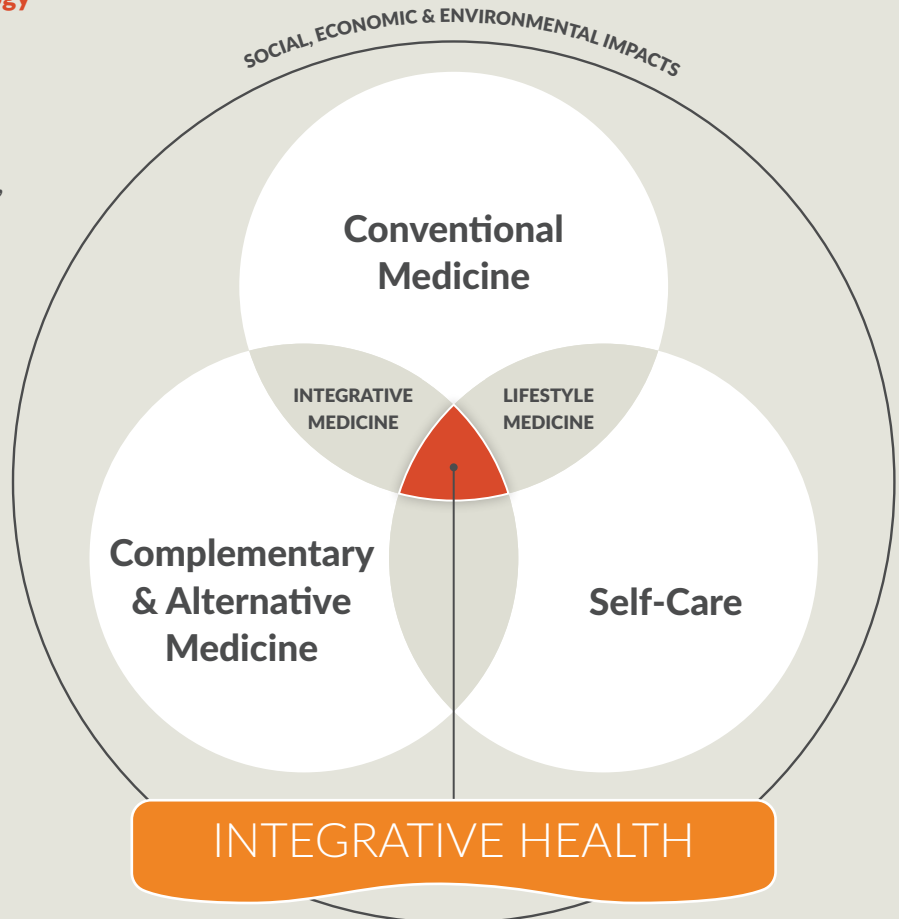
Optimal health and well-being arise when we attend to all factors that influence healing including medical treatment, personal behaviors, mental and spiritual factors, and the social, economic, and environmental determinants of health.

**Conventional medicine** is the delivery of evidence-based approaches for disease prevention and treatment currently taught, delivered, and paid for by the mainstream healthcare system.

**Integrative medicine** is the coordinated delivery of conventional medicine combined with evidence-based complementary and alternative medicine (CAM) designed to enhance health and well-being.

**Lifestyle medicine** involves the incorporation of 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, healthcare professionals, and disciplines to promote optimal health and well-being. This includes the coordination of conventional medicine, complementary/alternative medicine, and lifestyle/self-care.



# UNDERSTANDING THE DETERMINANTS OF HEALTH

You may be overwhelmed thinking about how to bring in the nonmedical segment of the healing pie. But it is not as difficult as you might imagine.

Responsibility for the health of a population—for both your individual and collective patients—is where health care is going. If you don't begin to proactively manage their health, you will see your reimbursement fall. That's why I developed the HOPE note—to act as a roadmap to successfully provide integrative care, and to provide a simple tool with which to start.



**H**OPE stands for **H**ealing **O**riented **P**ractices and **E**nvironments. The HOPE note is a tool I designed to elicit the information you need from a patient to better understand their issues beyond the regular medical visit. The HOPE note builds off the SOAP (subjective, objective, assessment, and plan) note that every medical student learns and that you apply every day in practice.

The goal of the SOAP note is to find information on the patient's diagnosis and treatment. However, SOAP works best when diagnosing and managing acute diseases or the symptomatic manifestations of chronic illness. It does not work so well for chronic, multifactorial conditions or for addressing the determinants of healing. The SOAP only superficially touches on social and emotional factors, lifestyle issues, and a patient's goals and values. Rarely does it encompass shared decision-making with the patient or seek to support self-care practices. Yet, these are all crucial to health, sometimes even more so than specific medical treatment.

After years in practice, I realized that integrative healthcare – healthcare that includes conventional, complementary and lifestyle approaches - requires a different type of assessment, one that complements the SOAP note. It requires a focused assessment of the behaviors and treatments that can facilitate the patient's own inherent healing capacity.

That's where the HOPE note comes in. I developed this tool because, as a primary care provider, I found the SOAP note too narrow to effectively address the causes and approaches for many of the conditions I see, such as chronic pain, obesity, diabetes, and hypertension.

*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.*

HOPE consists of a set of questions geared to evaluate those aspects of a patient's life that facilitate or detract from healing. The goal is to identify behaviors that stimulate or support healing and serve as a tool for delivering integrative health care through a routine office visit.

The HOPE note addresses the social, behavioral, environmental, and spiritual components required for managing complex, chronic diseases. Working through the questions with the patient helps engage them in shared decision-making about their health and healing, putting them front and center in the care plan. Best of all, it brings out the patient's own intuition about what they most need to heal and combines that with your knowledge of the evidence for what heals.

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 Template

The following questions are used to guide the conversation between you and the patient during the HOPE consultation. Other questions can be added and personalized for each patient based on the individual's personality, readiness to change, and circumstances.

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### Mind and Spirit

*These questions address the patient's goals for healing—their desires, beliefs, and needs. They are designed to reveal what the patient finds meaningful, what motivates them, and what provides them with a sense of well-being. In other words: "What matters?" versus "What's the matter?"*

1. Why do you seek healing? What do you want to happen through health care?
2. What are your plans and aspirations in life? What is your purpose? What do you find to be your most meaningful daily activities?

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### Social and Emotional

*Social support is salutogenic. Healing and disease are intertwined with personal relationships and social support networks, including family, friends, and colleagues. With these questions, you are trying to capture the interpersonal components of the individual's daily life.*

1. How is your social support? What are your social connections and relationships?
2. Do you have family and friends with whom you can discuss your life events and feelings? Could you comfortably call up someone tomorrow if you needed their help? Are there people you have fun with? How often?
3. Have you had any major social or physical traumas in the past? What was your childhood like? (This must be approached delicately, often prefaced with an explanation as to why it may be important to explore adverse childhood experiences.)
4. Tell me about your family and friends? Do you have someone you talk with in confidence and trust?

## Behavior and Lifestyle

*Behavior and lifestyle can impact up to 70 percent of chronic illnesses; therefore, healthy behaviors are essential for creating health. But behavior change must be connected to what is meaningful for the person or it cannot be sustained. These questions provide a snapshot of the patient's lifestyle which, when coupled with the patient's motivations, provides a path forward for change.*

1. What do you do for stress management? How do you relax, reflect, and recreate?
2. Do you smoke or drink alcohol or take drugs? If so, how much?
3. How's your diet? (Describe your last breakfast, lunch, and dinner)
4. Do you exercise? If yes, what types and amounts?
5. How is your sleep (quality and hours)? Do you wake refreshed?
6. How much water, sugary drinks, and tea or coffee do you drink?
7. Do you use complementary and alternative medicine? Do you take supplements?

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## Environment

*The safety and security of one's physical environment plays a greater role in health than many of us are aware. For instance, an unsafe neighborhood could prevent someone from going on walks. A noisy apartment building along a busy road can aggravate asthma and other pulmonary conditions, as well as produce stress and lack of sleep.*

1. What is your home and work environment like?
2. Is there a place at home where you can go and feel joyful and relaxed?
3. What is your exposure to light, noise, clutter, music, colors, and art?
4. How much contact with nature do you have?
5. What is your exposure to toxins, especially heavy metals or endocrine disrupting chemicals?

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Before ending the visit, I summarize the top three items that emerged from the conversation that the patient would like to work on by saying: "This is what I've heard. Is this right?" I then ask them to email me with what we have discussed and what are their top three items for action.

## PUTTING THE PATIENT FRONT AND CENTER

Below is a sample template for doing an integrative visit and a HOPE note.

**P**racticing an integrative model requires restructuring the traditional patient/physician relationship and engaging the patient more in their own health and health care.

A 2013 editorial in the journal *Health Affairs* called patient engagement “the blockbuster drug of the century,” while the Institute of Medicine considers engaged patients “central to an effective, efficient, and continuously learning system.”<sup>5,6</sup>

Engaged consumers 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; and have an improved quality of life.<sup>5,7,8</sup>

They are also more likely to choose more conservative, less expensive interventions resulting in lower costs.<sup>9</sup> One study found that individuals who were more knowledgeable, skilled, and confident about managing their health and health care had costs 21 percent lower than those with similar medical conditions and lower levels of engagement.<sup>10</sup>

Why does this matter? Because you are now practicing—or soon will be practicing—in a value-based system, in which your reimbursement depends not on what you do but on how good your patient outcomes are and if you can lower overall costs. For instance, beginning soon you’ll see lower Medicare payments but will have the potential for bonuses if you meet certain quality indicators.<sup>11</sup> Guess what most of those indicators are for? Yes, chronic health issues. For instance, one high-priority measure is blood glucose management in patients with diabetes. And we know that lifestyle is a major component for the prevention and treatment of diabetes.<sup>12</sup>

### The Diabetes Prevention Program

The Diabetes Prevention Program was a pivotal clinical study in the history of the disease. Sponsored by the National Institutes of Health, this multicenter study was designed to learn if it was possible to prevent or delay the onset of Type 2 diabetes with weight loss, diet, and exercise, or with the oral diabetes drug metformin, in overweight individuals with higher than normal blood glucose levels.<sup>12</sup>

The results were so significant that the study was stopped a year early. Basically, losing just a modest amount of weight through dietary changes and increased physical activity sharply reduced the risk of developing diabetes. Taking metformin also reduced risk, although less dramatically than lifestyle changes.

This study changed our approach to diabetes prevention and management. It also led to innovative funding approaches for diabetes management through the Medicare Diabetes Prevention Program, a structured intervention with the goal of preventing type 2 diabetes in those with prediabetes.

The clinical intervention consists of a minimum of 16 intensive, core sessions of a Centers for Disease Control and Prevention–approved curriculum furnished over six months in a group-based, classroom-style setting. The education provides practical training in long-term dietary change, increased physical activity, and behavior change strategies for weight control. After completing the core sessions, attending less intensive, monthly follow-up meetings help ensure participants maintain healthy behaviors. The primary goal is that participants lose at least 5 percent of their body weight. Physicians receive incentive payments for patients who attend sessions and/or lose weight.<sup>13</sup>

## ADDING HOPE TO HEALTH CARE

**B**y the time patients see me, they often say they have “tried everything” to address their problem. This was certainly true of Sally, who retired from her job as a corporate vice president because of chronic, refractory low back pain.

It started a decade before, when Sally was hurrying from one meeting to the next, on inadequate sleep. She rear-ended a car in what she thought was a relatively minor accident. Soon after, however, her back pain began. I prescribed nonsteroidal anti-inflammatories (NSAIDs) and physical therapy. That helped for a bit, and she quickly went back to her busy schedule, but the pain never completely disappeared.

A month later, she hurt her back again picking up a suitcase. She was prescribed more NSAIDs, an opioid, and more physical therapy, but she only got worse and began to seek out more opioids from several physicians.

More tests followed, as well as a consultation with a surgeon who confirmed her 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 me when she came in for her HOPE visit. “My back hurts.”

Unfortunately, Sally’s story is all too common. As you know, more than a decade of inappropriate pain management has created today’s opioid addiction crisis.

Yet, the response to this crisis has been one-sided, viewed through a narrowing lens: remove access to the opioids. But this does nothing to resolve the pain. We need to widen our lens to integrate non-pharmacological approaches to pain, including evidence-based complementary and alternative medicine. Indeed, a growing number of medical organizations, including the American College of Physicians, are now adding CAM approaches to their pain management guidelines.<sup>14</sup>

That’s what I did with Sally. Using an integrative visit and the HOPE note framework, I helped her learn how to improve her sleep; 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. This unhappiness, I learned, was contributing to the pain.

I didn’t do this on my own. I brought on a team of professionals to work with Sally, including a pharmacologist to provide guidance on optimizing medications; a behavioral therapy expert to help with sleep; a yoga professional with training and skills in dealing with chronic pain; and her family, who needed to learn how to give her time and space to heal. Sally was also a member of the team, learning that it was OK 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.

Sally is not unique. Sometimes they tell me right up front, “I’ve lost hope in ever getting better.” When patients leave my office, I look to see if they have hope. I don’t mean an acronym here. I mean actual hope.

When they leave, I hope they’re motivated and have a plan to move forward.

<sup>14</sup> The HOPE Note: *Bringing an Integrative Approach to Primary Care*

**T**here are numerous other benefits to the HOPE approach.

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## PREVENTING BURNOUT

More than half of physicians (55 percent) in 2014 said they were burned out, a 10 percent increase over 2011 and a rate far higher than that of the the general population.<sup>15</sup>

Studies find several reasons for this growing rate of burnout. This includes excessive workload, loss of control over the work, loss of meaning in the work, and time documenting the electronic health record, which places more clerical burden on physicians and interferes with the patient/physician relationship, which reduces job satisfaction.<sup>15</sup> Fundamentally, however, burnout comes from the inability to know and development a relationship with their patients.

Using the HOPE note and a more integrative, team-based approach can address many of these issues. It can restore the patient/physician relationship; lead to real benefits for seemingly intractable conditions; and, hopefully, inspire you to participate in some stress-relieving approaches and live a healthier lifestyle yourself.

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## IMPROVING OUTCOMES

There is good evidence that this type of holistic approach 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 who live in the Ithaca, New York, area. It includes the development of a Healthy Action Plan, which the primary care physician then 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 percent verses 37 percent), as well as lower overall costs.<sup>16,17</sup>

By broadening our view of health and the factors that support or detract from health, we can improve the care we provide to our patients – and reduce costs.

## REDUCING COSTS

Value is defined as quality + outcomes/cost. You can't have value without all three of these components. As your practice becomes 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 conditions not only improves outcomes, it is also cost effective and even results in cost savings.<sup>18-20</sup> Indeed, some government and commercial insurers are willing to pay extra for the type of care coordination an integrated model affords.

Care coordination for the management of those with advanced illness and multiple health conditions can improve outcomes and reduce costs. Care coordination requires an integrated approach within conventional medicine. Integrated care coordination can:

- Prevent unnecessary hospital admissions, readmissions, and emergency department visits
- Limit excessive use of specialists
- Reduce excessive and unnecessary lab or imaging studies and prescriptions

### Care Coordination/Management

***“Care management is a set of activities designed to assist patients and their support systems in managing medical conditions and related psychosocial problems more effectively, with the aims of improving patients’ functional health status, enhancing the coordination of care, eliminating the duplication of services, and reducing the need for expensive medical services. It is generally provided by a registered nurse who works with a team of healthcare professionals.”***

Source: Bodenheimer T, Berry-Millett R. Follow the money: controlling expenditures by improving care for patients needing costly services. *N Engl J Med.* 2009;361(16):1521-1523.

For those with advanced illness (the top 5% of Figure 1), focus on providing care coordination for these patients in alignment with the 2017 report from the National Academy of Medicine titled *Effective Care for High-Need Patients*.<sup>21</sup>

A HOPE note is not meant specifically for the 5% managed by care coordination. But it does often uncover issues that can enhance care of advanced illness and integrated care. The HOPE visit is meant to assist those below the top 5% with advanced illness who have chronic illnesses or are at-risk for those illness as seen in Figure 1. HOPE focuses on patients with one or more of the chronic conditions that make up the 6%-20% band. Its goal is to prevent or reverse the progression of these conditions. This is the focus of an integrative health visit and the HOPE note.



One problem with practices that profess to be integrative is that while they support the use of evidence-based CAM, they fail to truly integrate those practices with conventional medicine. Simply substituting a healing practice such as Reiki for a drug like metoclopramide does not make it integrative medicine. Evidence and patient-centeredness are the distinguishing factors in integrative healthcare.

Currently, integration typically falls to the patient, who is often the one searching for complementary approaches and deciding for themselves whether they're effective. This is risky as the patient usually does not know the evidence or how to judge it appropriately. .

When complementary or alternative approaches are appropriate, it is important that you work closely with the CAM professionals rather than leaving it up to your patient to navigate that territory. This involves getting to know the practitioners in your area, their qualifications and professionalism, and developing a list for referrals and coordination – as you would with other specialists.

It also requires putting the patient, not the patient's condition, at the center of any approach.

For example, while it's generally preferable to relieve pain with fewer drugs and medications, that's not always the best course of action. Sometimes it's necessary to use a drug or a surgical intervention or incorporate behavioral techniques that are not normally part of complementary medicine. Sometimes diet changes can improve a condition. But you'll never know what works if you are not monitoring the patient closely and work closely with other practitioners.

Integrative health services must be tailored to the needs and readiness of the patient. For instance, the patient may have limited resources (time, energy, interest, or money) for their own care. If that is the case, healthcare providers need to acknowledge this and incorporate these conditions into the care plan.

## CREATING A HOPE LIST

**A**t the end of the integrative visit is creation of a HOPE list. These are items raised during the discussion that are most meaningful to the patient, are supported by evidence and are organized into the areas the two of you will work on.

The HOPE list generally falls within the following categories.

- **Stress management and resilience.** Using mind-body techniques such as meditation or imagery can reduce the effects of the stress response on the body and improve receptivity and motivation for lifestyle change. These practices can also enhance health and strengthen personal resilience. “Mental fitness” is a useful concept for explaining the difference between stress management and building resilience.
- **Physical activity and sleep.** Physical activity and sleep can reduce stress, improve brain and immune function, reduce pain, slow aging and heart disease, help establish and maintain optimum weight and enhance well-being. Sleep hygiene, CPAP and supplements can all assist in optimal sleep, when appropriately used.
- **Nutrition and substance use.** Ideal weight and optimal physiological function occur best in the context of proper nutrition and reduced exposure to toxic substances such as nicotine, alcohol, drugs and environmental toxins. Food and substance management requires motivation, environmental controls, food selection training, and family, peer, and community involvement.
- **Social support.** The social environment is essential to health and healing, as is service to self and others. Social cohesion is not only health enhancing in its own right, but is essential for sustainable behavioral change in any culture and setting.
- **The inner environment.** The inner environment may come from spiritual or religious practices or be grounded in meaningful and purposeful activities, such as helping others. It can also be found in creative activities or work that brings purpose and meaning.
- **The outer environment.** A healthy outer environment attends to the physical setting that facilitates healing. Attention to architecture, art, and exposure to nature, sound, smell, and light are key elements.

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## SETTING GOALS

Now that you and the patient have a HOPE list, the hard work begins. It's critical to connect the patient's priorities and health goals to medical advice, and offer support in implementing the changes.

Health coaching and regular check-ins are key. 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 telehealth to help patients overcome daily challenges and support them for success. Health or well coaching are a distinct set of skills different from expert advice that might be provided by a physician, nutritionist or fitness coach.
- **Group visits.** These are an excellent option for patients with chronic conditions, providing them with peer support and team learning. They may also be reimbursable.
- **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, not-drug treatments.
- **Education.** Provide resources, tools, and links applicable to the individual patient's situation. See my website [drwaynejonas.com](http://drwaynejonas.com) for a growing set of information sources and tools for providing integrative healthcare.

**T**he reality is that our healthcare system is not yet designed for the type of integrative approach required in the HOPE model. Instead, our mostly volume driven, fee-for-service model is based on an acute care system, with reimbursement hinging on *what* you do rather than *how* you do it and how well it works. It is a system that favors volume over value, and rewards procedures and pills more than prevention and health promotion.

With that said, there are areas where the HOPE approach can be paid for now. These include:

- **Annual wellness visits.** Medicare and most Medicare Advantage plans, Medicaid systems, and commercial insurers cover annual wellness visits (AWVs). Traditional Medicare covers an initial preventive physical examination within the first year of enrollment and an AWV every year thereafter. The AWV includes advance care planning (with a separate CPT code), referrals to educational and counseling services or programs such as nutrition, tobacco-use cessation, weight loss, biometric screening, and functional ability screening, and numerous other components. Patients with depression or other mental health issues can also have extra visits covered.
- **Care coordinators.** Care coordinators are often nurses or licensed social workers who provide case management support to high-need patients with advanced illness or special needs patients. For example, one primary care practice with five physicians and three nurse practitioners hired a care manager who was able to address barriers to care. As the doctors put it, these were: “barriers we wouldn’t have found in the typical 15-minute office follow-up visit.” This included lack of access to electricity, healthy food, or safe housing. The care manager then connected patients with community services to solve those problems.<sup>22</sup> The practice paid for the care coordinator by billing for these under the AWV and other codes.
- **Chronic care management.** Medicare now reimburses under separate codes for chronic care management services for patients with two or more chronic conditions.<sup>23</sup> There is also additional compensation potential for practices that become patient-centered medical homes and accountable care organizations. More information on reimbursement strategies for integrative care and the HOPE visit can be found on my website at [drwaynejonas.com](http://drwaynejonas.com).

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## CONCLUSION

We are entering a new world of medicine and health care. A world in which attention is increasingly being paid to all the determinants of health, not just the physical manifestations of disease. In this emerging world, incentives are being realigned to promote health and wellness rather than just treat the disease.

Now it’s time to rebalance our practices. As primary care physicians, we are on the front lines of the US healthcare system, with nearly every patient in the system passing through our offices. Learning to address their issues holistically, listening to patients and practicing in an interdisciplinary manner with providers outside of traditional medicine are the elements required to be successful in the new normal.

The HOPE model offers one way to get there. I hope you’ll try it.



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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.

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