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**Health Systems Reduce Chronic Care Costs by 24%
Using Integrative Whole-Person Care Strategies**

White paper shows integrative care also improves patient outcomes and clinician wellbeing

WASHINGTON (DATE) – U.S. health care systems and clinics report reducing costs, improving patient experience and health, while enhancing clinician wellbeing by delivering integrative care, according to a new white paper published by The Family Medicine Education Consortium and Samueli Foundation. *The Case for Delivering Whole-Person Health Care* details how shifting treatment practices to a whole-person approach that integrates evidence-based conventional medicine, non-drug treatments, and self-care can help achieve far-reaching systemic improvements.

“Our health care system was designed to treat acute disease, not to prevent and manage chronic disease,” said Wayne Jonas, MD, co-author of the white paper and executive director for Integrative Health at the Samueli Foundation. “Poor management of chronic diseases has led to a relentless rise in health care costs; declining life expectancy and quality of life; growing patient dissatisfaction; and provider burnout. Now, we have examples of how to address these challenges: by delivering a health care model that benefits both the patient and the health system’s bottom line.”

Rather than just fighting disease, integrative health focuses on health improvement by addressing broader factors that affect the whole-person, such as mental health, self-care and lifestyle, and the social and economic determinants of health that shape the quality of life in places where people live, learn, work and play, Jonas said.

Since 2020, the Family Medicine Education Consortium, or FMEC, has been working with the Samueli Foundation and 17 clinics around the country in a learning collaborative to improve the delivery of person-centered integrative health practices in routine primary care.

“The 17 health systems implementing this approach to care are improving patient outcomes, reducing the frustration that leads to provider burnout, and heading toward substantial cost savings for their health systems,” said Raj Woolever, MD, president of the FMEC. “Among other things, whole-person care lowers the costs of drugs, leads to fewer emergency department visits, and reduces the length of hospital stays. With these outcomes, any health system would benefit from considering this model of care.”

The paper highlights case studies of U.S. health systems that have implemented this integrative approach to care, including the Veteran’s Administration, the University of Arizona, the University of Michigan, the Southcentral Foundation in Alaska, and other health plans.

The Veterans Administration, for example, piloted an integrative health model four years ago for 133,476 veterans at 18 sites. The VA’s whole-person approach shifted from a disease-focused, transactional system to a relationship-focused, team-based treatment model that addresses physical, emotional, and social factors.

The VA's results were remarkable, Jonas said. Health care costs were lower for veterans who received whole health services in 2018 and 2019, compared to those who received conventional care also, including:

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

Additionally, veterans with chronic pain who received whole health services, compared to those who received usual care, reported more healthy behaviors and small improvements in their sense of purpose in life, wellbeing, and quality of life.

Overall, health systems featured in the white paper reported positive outcomes by integrating non-drug, complementary, and alternative methods into their care, including:

- **Better patient outcomes:** Geisinger Health System in Pennsylvania began providing free food and nutritional education as a treatment for diabetes along with patient education. Patients averaged a 2-point drop in A1C, a measure of blood sugar levels, along with lower weight, blood pressure, triglycerides and cholesterol. In another study at the University of Michigan, 82.4 percent of patients reported improvement in their overall quality of life, 55% cited a "significant difference" in their symptoms, and 7.1% said that it "completely resolved my issue."
- **Improved patient experiences:** The University of Arizona's Integrative Medicine Primary Care Clinic reported improvements in patient experience, with 93% of patients rating trust in their practitioner between 7 and 10; and about 89% rating overall satisfaction between 7 and 10. In the University of Michigan study, 62% of patients receiving integrative care rated their treatment as "excellent" or "best care ever."
- **Lower costs:** In addition to the lower costs for VA care cited above, a study done of integrative primary care by Alternative Medicine, Inc., a Chicago-area group, showed lower costs for patients receiving chiropractic care, compared to those who received traditional care alone. This resulted in 43% fewer hospital admissions, 58.4% fewer hospital days, and 51.8% lower drug costs.
- **Improved clinician experience:** VA employees who were involved with whole health reported being more engaged and less likely to experience burnout, which increased workforce stability.

To secure a copy of *The Case for Delivering Whole-Person Health Care*, visit www.DrWayneJonas.com/businessreport.

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About Samueli Foundation

Samueli Foundation's Integrative Health Programs are dedicated to the promotion of personal health and well-being with the support of health teams dedicated to all proven approaches, including conventional, complementary and self-care. Dr. Wayne Jonas, the former director of the NIH Office of Alternative Medicine and the former director of a World Health Organization Center for Traditional Medicine, is clinical professor of Family Medicine at the Uniformed Services University and at Georgetown University School of Medicine.

About 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 FMEC serves 14 states and the District of Columbia in the northeast region of the U.S., working with 60 medical school departments of family medicine, 195 family medicine residency programs, and thousands of family physicians and other health care providers in community settings. Through an Annual Meeting for nearly 1,000 health professionals, annual awards, learning communities, and quality improvement projects, the FMEC inspires medical students to seek careers in family medicine, strengthens academic family medicine through faculty development and leadership experiences, and stimulates innovative approaches to primary care service delivery.