Welcome back, everybody, to this session, Healing Pain in the Time of COVID. We are very fortunate and honored today to have Dr. Wayne Jonas with us. Dr. Jonas is well known to many of you. He is a board-certified practicing family physician and an expert in integrative health. I think that is an understatement, because I think he is leading our country in integrative health. Healthcare delivery, and he has published a wide variety of articles and books. He is a retired Lieutenant Colonel in the local core of the United States Army. He was president and chief executive officer of the Institute. He was also the director of the office of alternative medicine at the National Institutes of Health. Prior to that, he was a director of medical research fellowship at Walter Reed on the Institute of research. Kid spend the rest of the hour describing Dr. Jonas' accomplishments but I won't do that, other than to again thank you, Dr. Jonas, for being with us and continuing to lead the country , to lead the military health system, as well as the civilian system in and to grid of health and with that, I'm going to turn it over to you. Dr. Jonas.

Thank you very much, Dr. Spevak. It is always an honor to help out our service members, as I was and our veterans, as I am. And work with you to really bring in whole person care into the military. The military actually gets this. So it is always such a pleasure to talk to the folks within the DOD and the VA who realize that taking care of the whole person is an essential component and not only for performing our mission and duty, but to giving back properly to the country, but also to maintaining health. We often think about that with the service member, but we do not too often dig about in relationship to ourselves. And what does it mean for us to become both healers and curing entities, if you will. I think you're working here in Hank Aaron the skills training you do every year, it is essential for not only the Department of Defense, but it is really an essential perspective that all people within healthcare need to understand, and so what I would like to do today is first of all just let you know that I will do my disclosures here. I have no disclosures. Work for a nonprofit that has no financial conflict with anything I'm going to talk about. And, all the information and tools that I'm going to present to you today are free. And I hope you will download them and utilize them. And that you will integrate them into your day-to-day practice. And, again, this is not the policy or opinions of the Department of the Army or U.S. government, this is my own opinion after having been in all of those situations at one time or another. I work in a primary care integrative pain clinic. And, in that clinic, I see a lot of service members and their families who have chronic pain, who are on opioids and others, and we have developed and begun to learn and integrate techniques around drug list approaches to healing along with conventional medication treatments and procedural treatments together. It really is that type of approach that provides optimal pain management and health and well-being. I'm going to talk about some of those things, but I want to put them within the context that we have all been dealing with in the last more than one year. 18 months or so. That is this little pandemic. I'm sure everybody has been struggling with.

And it is not over yet. So, it is the time of COVID. There are some special issues that come up around that, but in many ways, they reinforce the importance of taking a whole person approach as I will illustrate and provide tools. So thank you very much, Dr. Spevak. Here's what I hope that you will hear and learn from my lecture. That you understand where health actually comes from. Believe it or not, it does not come mostly from medical treatment, but you will begin to learn how to deliver health and well-being more effectively in your practice. I will have several dimensions of integrative health that are useful for chronic pain and the evidence behind some of that. Going to introduce you to something that we call the HOPE tools and the HOPE toolkit. It complements the self-help toolkit that you use every day. And, I will talk a little bit about how do we make systems change. Because, it is one thing to do this in practice and it is important to do this in practice, but unless the system supports and is structured in a way that it will never become widespread, for all our patients. I hope beyond these particular learning objectives that are Monday, when you come back into your work, some things will have changed for your. That you will now have a rapid and easy way to see what a whole person is. And see immediately that there are dimensions in those areas and how to talk about that. That you'll be able to retain and regain some of your healing skills and put that in the curative approach in medicine that we have all been trained in and deliver. I will show you how to access the HOPE Note toolkit and how to use those and talk about how you make system change for those of you who are out there running hospitals and clinics, to improve the quality of care using these approaches. Here is the fundamental question that I hope all providers asked themselves, maybe every day. How can I integrate healing and curing? What does that mean? When we see somebody that we call a patient, patient centered care is no exception, we put them in a box. Behind that box is a person. In that person is the driver behind health and healthcare behaviors and healing. If they are a patient, we are asking what is the matter in trying to make a diagnosis, but if we are paying attention to the person, that we are exploring what matters. Healing and curing involve the integration of these two things. Learning how to bring these things together in your day-to-day care of since. If you're involved in a healthcare system management or a policymaker, that question translate into something like this. How can I deliver healthcare that actually produces health and well-being. I will show you again why this is an important question for systems leaders as they think and how they can begin to do that. Went to we really need to answer this question? Because the current approach that we are taking, especially for chronic illness, is not working. We are first in spending in the United States. We are 37th by almost any healthcare measure according to W, around the world. We will be spending close to 20% of our gross national product by 2025 at the current inflation rate and cost rate, and because of the differences between the haves and the have-nots, health disparities are increasing, so by almost any measure, we are going backwards in what we want to see the healthcare system deliver. Here is a report from the National Academy of Medicine summarizing a lot of this data that you can find all over the place. This is called shorter lives for health. And what it did is it track, for 30 years, the health outcomes and the costs in the rich companies -- countries around the world and it showed that it compared to other countries in this category, we were doing worse in those 30 years in all of these

conditions that I am showing you on the slide here. Actually 9 out of the 12 conditions, we were getting worse. It was not working. If you graph the amount of money we spend in healthcare, one side versus the mortality, the life expect and see of the United States, the stark lack of the value of that investment becomes clear. Here is the United States , which spends twice as much as any other country per capita on healthcare, and yet, our life expectancy is somewhere around Portugal or Czechoslovakia. We are not to getting health for the healthcare we are spending. The reasons are also well known. Medical care, even if everyone had universal platinum-based health insurance and health coverage, like we have in the Defense Department, it would only improve health by about 15% to 20% in the population. This is because the other 80% comes in from other areas. The two main ones being behavior and lifestyle change and the social and economic drivers that allow us to do that or do not allow us to do that. So, if we want to create health in healthcare, we need to be part of the solution, not the problem. We need to get out of this area and help facilitate the delivery of healing activities in these other areas. To do that, to heal, we need different this are not designed to heal. They're designed to identify the disease and to cure it. Here's the tool you use every single day. You have to document this in the electronic medical record, you ask the patients about these. It is called the SOAP NOTE. Focuses on asking the patient what is the matter. What is the condition, and it comes up with a medical diagnosis and treatment, then you put into your electronic medical record to provide treatment. What's we need is another set of tools that complements this. Treatment is important. Curate is important but healing is equally important and that involves the whole person. So, the tools that I'm going to show you and that I propose are especially helpful in product pain management are called the HOPE Note tools. HOPE stands for healing oriented practices and environments. What gives you joy? From that motivation, we surround the healthcare plan that taps into those underlying determinants of healing that I showed you before. If you see the person through a lens in which these four dimensions are acknowledged, then you are taking care of the whole person, the spiritual and mental components, the social and emotional aspects, the behavioral and lifestyle component, and, of course, the body and external environment. This is what whole person cares about. So, how do we operationalize this? This with a chronic pain patient who I will call Sally. Sally was a civilian employee of the Defense Department, a senior executive who ran a major program at the Pentagon. Sally was on her way to the Pentagon when she rear-ended somebody. She was taken to the hospital. She began to have neck and then finally low back pain. Should not broken anything so they sent her to physical therapy and told her to take nonsteroidal's. That her pain became chronic. It got worse. Because she had access to full medical care, she began the merry-go-round that often occurs with chronic pain patients. She developed low back pain, had multiple assessments, was put on non-steroidals and physical therapy, and interventions such as TENS, and then eventually opioids and got addicted on them. She was put on another medication and told she needs to go to recovery to get off of opioids. The first time she saw her doc, she said I am not crazy and I'm not addicted, I am in pain. What she needed was somebody to listen to that. Bill what she got was lots of medical interventions during that period of time. Each of these was delivered through the tool that I just talk to you. They mentioned to you. The SOAP

Note. They all found out what was the matter and developed their own assessments and their own plans. Here is the so-called team that she had over the 10 years of chronic back pain. And as you can see, this is not everybody that she saw, and I put in quotes

"team." there was no team involved in this. And, Sally herself was not part of that. Eventually, she developed chronic pain, disability, she had to stop her job and went on disability in these areas. Now, Sally is not alone in this country. We all have heard of this other epidemic, not the COVID one, but the opioid epidemic. It did not disappear during COVID. Opioid -related deaths were on average 60,000 per year before COVID and now the latest report came out and showed that last year, there were more than about 93,000 deaths from opioid overdoses. Of millions of people misusing opioids and it is getting worse through the pandemic in these areas. If you look at the recommendations that occur from all the folks that have tried to provide solutions to reducing opioids and improving pain, the DOD and the VA being leads in this area. The recommendations are to use non-pharmacological approaches to pain management. For chronic pain, we should have less drugs and more behavioral changes. They have all said to do more of those and less of the medications. And we have been listening to our patients for the past 30 years, we would have realized that they were trying to do these things. We just called them elementary and alternative or complementary integrative medicine and they were things like therapeutic massage, yoga, acupuncture, spinal manipulation and mind-body therapies. They were all non-a drug approaches to pain. Many of them have sufficient evidence that they should be upfront in our management of chronic pain. So, when Sally came in the office, I started to apply the HOPE Note tools of integrative health and I asked her what mattered to her as a person. At first, as many patients do with me, they want a medical management. They need their medication's manners. I said we have a would do that. We have a pharmacologist on our team and we can work with you to help organize your medications so that you are not getting multiple different types of recommendations. But I asked her, what do you do, Sally, separate from pills and procedures to try to manage her pain? And she immediately knew. She told me, I found that heat and stretching help and so I bought a hot tub and I get into the hot tub every morning for an hour and I stretch and stretch. If I do that, I can often go until about noon or little bit after before have to start taking my pain medications. This sounded like yoga to me and I said, Sally, have you ever tried yoga? And she said one time they sent me to a class and I went. And the woman was up in the front and bending herself into a battle and I hurt myself. Yoga does not work. She had not used therapeutic yoga. Should not been properly integrated, yet she was trying to do a yoga like treatment to manage her own pain. We then subsequently went through things that had been asked often but not really addressed affect the fleet for her. Her sleep was terrible. Probably the reason she got into the car accident in the first place, so that she only had about four or five hours of sleep and I with the pain, was worse. She did not realize that she was under stress. She thought that she was working and therefore was not under stress, but she did not realize that pain, the pain itself produces a stress response that produces cortisol problems and will aggravate inflammation which will make the pain worse. So we needed a way of managing her stress. If we were to implement some type of mind-body of practice, did she have a place to heal, and she actually didn't. I asked her to think of one and

she could not do that and so we had to figure out where is she going to actually do this and then finally, who was she going to do it with? She needed to have support of her family if she was going to engage in the kind of self-care that was needed. Most important for Sally, when I asked her really, what mattered to her in life, she said, I really love my life when I was working, bringing in the money and the provider for the family. When my family stopped calling me salary and started calling me Sally again, I knew that I was doomed. She had lost her purpose in life.

[IT issues]

It looks like they work, so I will continue on. So, we realize that her loss of purpose also was important for her in those areas. With this information, we were able to now put together a true team for Sally's healing. Involves me as a physician, but I was mainly the coordinator of her medical and nonmedical approaches. The pharmacologist was helping her with the medication management. The behaviorist, who she had seen and gotten the diagnosis of depression, needed to be part of the team, but they needed to act more as a health coach than as a counselor. We had all of those on our team. The folks in red there are part of the primary care team and she needed something else. She needed a yoga therapist. Somebody trained in therapeutic yoga. We do not have that. We needed to find one and we had to figure out how to get that paid for. We need her family on board to support her in her own healing and we needed her body on board. What do I mean by that? We needed her to experience her body as a friend, not as the enemy in those areas. So she needed to be able to feel what it was like to get better under her own hands. Once we organized this team, she went to the yoga therapist and after her first visit, she came back and said, Doc, my pain level is down to 2 and has not been down to 2 in a couple of years. She was not cured, but she had experienced healing in her body so with the support of the team I just described, she was able to actually improve steadily, so by four months, her pain was routinely down to 2 and she was no longer getting in the hot tub in the morning. And by six months, she went out and said, I think I am going to look for a job, regaining her purpose in life. This is a different type of healthcare. I call this integrative healthcare. It is the merger of the conventional medicine that we are trained in and paid for, and non-pharmacological approaches, as well as self-care purchase. And now, the entire screen has disagreed -- disappears I'm going to ask Amy if we are even online.

Yes, we are online. If you want to pull up your presentation and just tell me next slide and I will move the slides for you?

We should be on slide 25.
Great. On slide 25. Yes. This is a different type of healthcare. It is the merger of complement Terry and integrative medicine, self-care, all within the cultural context. Now, along came a little thing that you probably have heard of. The SARS-CoV-2, reducing the COVID-19 pandemic. This is disrupt did our lives and it has had an impact for providers, patients, and the system. For providers, by the end of 2020, 25% of Medicare physicians have lost members of their practice. 41% did not

have the staff filled. And 48% had reported increased mental exhaustion. Family decision-makers say they had more mental health problems, more obesity and addiction, which we have seen. Increasing disparities and essentially especially people of color. Healthcare systems were also dealing. There is a drop off of revenues who people who no longer came in for routine care. Trail systems were closing and quality improvement within healthcare was put on hold for many executives. When we look at who dies with COVID, it is the same people who are dying at higher rates before COVID. It is those with chronic illnesses, the elderly, people of color, those of low income, poor healthcare, and service jobs. Hypertension, obesity, diabetes, renal disease, cardiovascular disease, are for those at highest risk for COVID and highest risk of diving dying from COVID in those areas. If we look at the life expectancy data that I showed you earlier, COVID has had a huge impact within a single year, the life expectancy in the United States has dropped by over one year and it is 3 to 4 times that drop in people of color. Next slide. COVID is not over. Once it is over. You've all heard of long COVID, if you will. And the persistence of symptoms of those who have had COVID, whether that manifestation of the acute system was acute or not, whether he they were in the hospital or not. Somewhere between a third and half have had persistent symptoms. Primarily fatigue and pain, headaches and body aches. Chronic pain has increased during this time. If you look at to the ubiquity of symptoms, there is yet to be an organ system that COVID does not seem to have an effect on. From the brain, to the body, to our psychological and social impacts. Non-hospitalized patients are at increased risk of death afterwards of 60% increase after COVID. So, COVID too needs a whole person approach. We need to pay attention to the mind body and spirit, before COVID and COVID has illustrated that we need to do that, especially after COVID. For example, here are the kinds of things in the social and emotional mentions, the behavioral, spiritual, and body, that COVID has an impact on. So, both before COVID and after COVID, we fundamentally need is a change in our mindset. A change in our thinking. What we do today in medicine is extremely good for acute care medicine. If you need an ICU, if you need a surgery, if you have an accident or having a heart attack, acute care thinking will save your life and often, that looks at the body as a mechanical thing to be replaced. However, if you have a chronic disease like long COVID or the chronic diseases that predispose you to deaths from that, that approach, that mechanical approach, does not work. We need an ecological mindset in which the whole person, spirit, social, behavioral, and mine. This is chronic care thinking. The most important thing is to change our thinking. If we can do this, we can begin to empower and support self-care. But the patient back into the driver's seat. The evidence shows that when they are part of the team managing their healthcare, they do better and costs go down. So, how do we do this in our system and how do you do this in your day-to-day practice? Is it possible? Yes, it is. The DOD prides itself and should be proud, that it is often first out in delivering modalities such as Battlefield acupuncture, and other kinds of non-drug modalities. But the Veterans Administration has been tasked in system change. Here's an example of this. The whole health approach. Where, it actually sits down and asks, what is important to you? Empowering the patient," pulling them with self-care component and then integrating that into the treatment modality with something called a personal health land. Check that out. DOD should

begin to change it system in this way. They can see some of the benefits that even early out, the Veterans Administration is beginning to see. Here is an evaluation of her 130,000 veterans who are engaged in whole health. They found that after 24 months, they had reduced costs by almost $5000 per capita, or 20%. For those who engaged even two times in this type of new integrative health approach. Our foundation is trying to accelerate the clinical implementation of this kind of a model around the country. Here is an example of networks that we are running, learning networks around the country and systems that are beginning to adopt these areas. Many of these systems are treating some of the safety net or the poor and showing that they can successfully deliver to them, what the VA is delivering to the veterans. The tools can be downloaded and used in bring picked up by providers all across the country. Here's an example one of the providers. Dr. Alan Roth the chair of the Department of family medicine in Queens, New York. Queens is the most diverse community in America. He cares for over 1 million people. 85% of them are paid by Medicaid, Medicare, or have no insurance at all. Before the pandemic, Alan and his healthcare team began to implement integrative practices along the lines I showed you. Then in 2020, they were literally at the epicenter of the first major surge and had to transform an entire hospital into an ICU. They were having 100 deaths per day from COVID. That has eased up, but now they are seeing long COVID increasing numbers and a long COVID and accusing integrative healthcare principles and reporting on that. Our group has worked with Dr. Roth and others to beef up and enhance the integrative health tool, especially for chronic disease and chronic pain. Here is an example of some of the tools that are available in these are available to you. We have them in three major categories. Number one, avoiding burnout, because this has accelerated the burnout issue for the healers, plus enhancing immune system, and building resilience, something well-known to the Department of Defense. All of this has a set of practical, day-to-day practice delivery tools including the personal health and inventory, the integrative health visit, the HOPE Note, and the personalized health plan. Plus a growing number of resources to drawn to actually deliver this kind of whole person care. What Alan and his team have found, they have found that these tools are not just useful for patients, but they are helpful across the board. Help providers in their own self-care and stress management and to improve performance, but also, I am on slide 42 now, Amy, called integrative health during COVID, but patients, also in supporting their healing practice and enhancing their healing. In the community, these tools have also been useful in preventative care in addressing the growing problem of loneliness and dealing with trauma. Next slide, please. Amy, this should say take a whole person approach to care. Let me illustrate from the different dimensions, what some of these tools look like and how they apply. You can download and you can utilize these tools to start with what matters. First is the spiritual and mental. The most important thing to help address effectively the spiritual and mental dimension of a person, is to first of all address your own spiritual and mental components. And that is to deal with any well-being and burnout issues that you may be struggling with. Before COVID and the American Academy of family medicine, the National Academy of Medicine, and others, pointed out that providers were getting burnt out. Close to 50%. And they describe both the problems and the solutions for reducing burnout. This has gotten worse during COVID. Of those, one of the most effective ways

is building mental resilience by incorporating behaviors that change the mindset. Those of you who have been deployed or those of you who have worked with people who have had posttraumatic challenges or disorders after the stress of war, know that the mindset matters. Those who have strong relationships, peers, and a purpose, and they will rise above them more frequently and more effectively than those whose mindset is seeing them as something that will damage them and make them sicker. So, in fact, the resilience involves bouncing back in one of the biggest factors is how you perceive it. How do you change the mindset? Here are some simple things to help that happen. Periodically take a self-assessment of yourself. Check out in the pandemic area, what is needed in order to enhance your health in all four of the dimensions of the person. External behavioral, social and emotional, and spiritual and mental. Amy, I'm sorry, I keep forgetting to tell you to change the slide. This should say the two minute self-assessment. Take the checkup of yourself. Here are some simple and effective tools for reducing burnout. First, the simple mind-body practice. Here is the link to a meditation that is a gratitude meditation that I had produced, that many have found very powerful. If you can link on that, takes about 15 minutes and it goes through a series of imagery and relaxation approaches, anchoring and breathing and once a day of this can help build resilience and change mindset. A very simple approach is called gratitude journaling, the second item on this slide. Again, the link in this picture, the blue market, it will take you to check on my website, where we give you instructions on journaling. Gratitude journaling is simply writing down five things that you are grateful for every evening before you go to bed. This simple exercise, which often takes less than five minutes, has been shown over a period of a few weeks, to significantly reduce burnout and improve joy. In other words, change your mindset. There many other mind-body resources that are available. This is just a sampling of those. Again, all three on my website. An overview, the use of imagery, including free imagery streams. Here's a list of imagery sources. It produces a lot of amateur work and we test them for the effectiveness within the DOD and these are some examples that you can get free off my website, including some in Spanish, to address a variety of conditions. From chronic pain to sleep and stress issues, to surgery, and posttraumatic stress. Breathing is a core part of these mind-body practices. And, breathing also happens to have benefits for those who have had COVID. Deep breathing exercises help increase the flexibility and the better oxygenation. Tai chi and yoga increase breathing and also reduce stress and can be done in quick bites throughout the day. Here's a video that I produced on tai chi, one of my favorite areas for reducing fibromyalgia pain. The next slide shows resources on professional well-being in the time of crisis. I highly recommend this to you. This is Dr. Amy Locke from the University of Utah on professional well-being during the time of COVID. The second area, I will give you some examples of, our social and emotional. We are not talking mental health here. We are talking about addressing the social and emotional components that everybody deals with. As they go through the challenges of life. One of the biggest ones that has been impact did during the pandemic is loneliness. We already had a loneliness issue and problem before that, but with social distancing, isolation has become is especially acute. And we know that loneliness hurts both the mind and body. It increases inflammation. It weakens the immune system. And it increases the risk

for mental and physical health, including suicide. One of the best ways to deal with loneliness as a practitioner is to really practice listening and connecting with your patients as whole people. Created what is called the healing presence. Being with your patience and learning about them, getting to know them. The power of presence has been well demonstrated with multiple types of studies. Here is an example of a summary of that from a new book = that has come out recently called

"Compassionomics". James Pennebaker has said writing or talking about what is going on your life can have a long-term impact on healthcare utilization and lung function in chronic pain. Here's a study in the journey of American Medical Association years ago in which a single episode, one session, of therapeutic writing significantly improved lung function in asthmatics, over controls and reduced pain in those with rheumatoid arthritis after a four month follow-up from a single episode. Writing and connecting and speaking with others in and of itself has therapeutic effects. Listening is a therapeutic act. People believe it takes time, and it does not take as much time as you think, it simply takes more attention. It starts with empathy and inquiring, learning, seeking to reflect and understand, to build a trusted and safe relationship with the patient. The healing presence. Health coaching is another way to reach out and touch patients, to support them what matters in their life. This is the instruction module on the AMA website showing the benefits of health coaching. Group visits, including virtual group visits, are another way to mitigate loneliness and produce health benefits. Here are two leaders in that area. Jeffrey Geller and Shilpa Saxena. This is a couple resources on my website the talk about healing in the time of loneliness and social isolation and I urge you to take a look at it and utilize those two tools. Behavior and lifestyle are the third dimension of a person. And, in finding the underlying determinants of health, and behavior is already well known to people, but COVID has shown that individuals are paying much more attention about practicing self-care than they were prior to the pandemic. Here's a survey we commissioned from the Harris poll showing that 80% of individuals now are paying more attention to self-care and many of them are looking for ways to connect. And yet, they were still struggling. They need help. Less than half of them felt that these approaches were successful and thus we see the increases in mental health and loneliness. Immune function has been on everybody's mind during the pandemic. And, the basics of behavior and lifestyle also can impact immune function. You know these things. Notice that practicing self-care not only helps reduce chronic illnesses, but also can help immune function. Work with your patients to the do not smoke or drink too much alcohol. Make sure they get sufficient and high quality sleep. Get into nature the more nutritious foods, especially those with spices and anti-inflammatory. There is a growing body of evidence that things like this that might actually help with COVID, either to minimize the impact, or help in recovery. And, unfortunately, the evidence is not caught up to the utilization. And so, sorting out what works is important. Here is a patient who came in who had COVID. Being treated as an outpatient, but he brought in his bottles of supplements that he was taking that he thought would help protect him. Here is a list of some of them. The majority of them actually have not been shown to effectively treat COVID and some of them have now been shown to be ineffective and there were other medications that he had asked about that I listed here that

also had been shown not to be effective in most cases. So, we have to bring the evidence to these areas and so, ratcheting up our skills with evidence-based clinical decision-making is important. I recommend people use the 5P approach. First, protect patients from harmful things, including economic harm that might hurt them that they are doing. Permit things that help, even if the help might be placebo. As long as they are not harmful, in engaging in healthcare is good and we should support them in that process, even if they have not been proven. Promote to those things that are proven. If something has been demonstrated to be safe and effective, we should try to make it available. Partner with the patient. They are part of the decision-making and they want to get empowered to do their own healthcare and you should be the partner in helping them do that. Then, of course, pay attention to the costs. Many of these practices in integrative health and self-care are not costly but many of them are not covered, either. You saw Sally who said you have to figure how to get yoga therapy to her. Financial toxicity is still toxicity. Finally, the external environment is something we all focus on and deal with to the neglect of the other dimensions of the whole person. But these are also important. We know what they are. Double down on reversing chronic disease and follow the CDC guidelines to protect against the virus through standard recommendations. There are a number of resources for manipulating or changing the environment so that it enhances. We call this optimal healing environment. We have recommended to you all of these links which show you how to create healing spaces at home, how to get outdoors, and even in business, to enhance the use of space for clinical function. Larissa McAllister actually consults with clinics around the country helping them set up better environments for better social interaction and function as well as enhanced healing. All this comes together in the day today bread and brother. So, if you can put this into your own day-to-day clinical encounter, you are transforming medicine in the best way possible. So what can you do? I suggest do in integrated health visit. Have conversation about the underlying determinants of healing and what matters to your patient as a person. Simple methods. Your acupuncture, mind-body, nutrition, and safe supplements. Take a close look at advanced healing technology. Many of them are very good bridging components. Technology can help us assist to behavior change and physiological change. Then finally, if you're in charge of the healthcare team, redesign how the team delivers care and incorporate skills such as health coaching, team care, group visits, and shared decision-making. This is a toolkit with a step approach to creating integrative health, which you can get from my website. Shows how to prepare for the visits, how to do the visit, and how to provide ongoing support. There is a growing list of resources that you can draw on and we try to put up front to the ones that are inexpensive and easy to access to do this. These have been collated into an integrative care solutions guide in which you can identify resources from areas such as nutrition, sleep, stress managing, social support, when you link on these, goes to further resources and can be downloaded and delivered. The first ones that are inexpensive and easy to access, technology components, and then ways to link up to your referral system of specialists and then customize your own community resources that you have already in your system to make it easier to access during a visit. For those of you dealing with chronic pain, and many of you listening into this talk, that is the area that you work in, here is a for

credit, free instruction for doing integrative pain, developed by Tufts University. I urge you all to go to the site to learn more about how you can do the approaches for those with chronic pain. For those of you who are looking at health system redesign, I suggest you go look at the cover commission report that just came out in January of last year. That took the VA's whole health program and the mental health efforts and presented a model for person centered relationship based recovery focused care. In those areas. These kinds of approaches can be used to redesign the team and how it is delivered in these areas and if you have quality improvement built into your hospital or your clinic, then there is also a guide available using the Institute for healthcare improvement quadruple aim approaches for innovation and improvement in those areas. The tools are there available and the network that we are working with, and I would love to do this. With the DOD network are using PD essay cycles for integrative health and practice improvement guidelines. Those of you in quality improvement are very family with those tools and the suggestion is that you focus on the whole person integrative care as the primary change. Our system is moving in this direction as a whole. Here is a report that just came out from the National Academy of Sciences, engineering, and medicine, called high-quality, implement in high-quality primary care and right in the definition of high-quality primary care, talks about the need to provide whole person integrative accessible and equitable health care. Of the five recommendations, the first one is to create a reimbursement and payment system that is not based on volume, but value. Not paying just the provider, but paying the team care for the person. .Paying just for the service, but for the delivery of coordinated care that incorporates the family and patients for these components. I hope you're keeping up with me. I've not been saying next slide. I apologize. We should be on the side now this is whole person healthcare financing. This is going on right now it should come out at the end of the month and it is talking about financing and how to pay for it. Why is this important in the Defense Department? Because even though the Defense Department does not need to have a fee-for-service or volume-based approach, it still does that. It could go completely to value-based care. And pay for person health. I could focus on polity of care not the quantity of care. I urge those of you in leadership positions to go fully in to the value-based care and truly do what the DOD does best, which is to be the leader in innovation, including how we pay for it. The last slide is what the goal of it is about. Hope you see that it is possible to have whole person care and make it routine and regular in your day today practice. This is the most powerful way to transform healthcare in your own practice, to put these tools into your medical bag. There is no conventional or complementary medicine, there's only good evidence in that good evidence, when applied to the whole person, produces integrative health. You can start now as I have mentioned to you, our foundation makes available these free for use and I urge you all to look at these tools and bring them into your practice and start on Monday. For those of you who are more interested, there is my email. Feel free to contact me and our team is there to help assist you in this process. Thank you very much. I look forward to participating and seeing the rest of your great comments.

Dr. Jonas, again, thank you very much for putting this together. Spending the time for us. I know that when we asked you, you did not hesitate a

minute and you jumped right in and for that, we are so grateful. You have been a leader in the country and I think internationally in bringing this type of care to us. And I think that it is really not a question of if we transform the system into thinking about this, it is just a matter of when. I think we really have no option now and the evidence is very clear that delivering this care -- I have three pages of comments and notes, and I stopped and it's probably only one fourth of your talk because it was so jam packed with absolutely phenomenal information. I am really again, really grateful to you for providing all of these resources to our attendees and also making yourself available for corroboration and questions and comments. We look forward to working with you again and I know our attendees are looking forward to hopefully seeing you in some of our workshops coming up for pain skills. I cannot thank you enough for all that you have done for us, Dr. Jonas.

It is my pleasure. Thank you very much, Dr. Spevak, for setting up the opportunity and for all that you do in this area for so many years. We really appreciate that.

[Event Concluded]