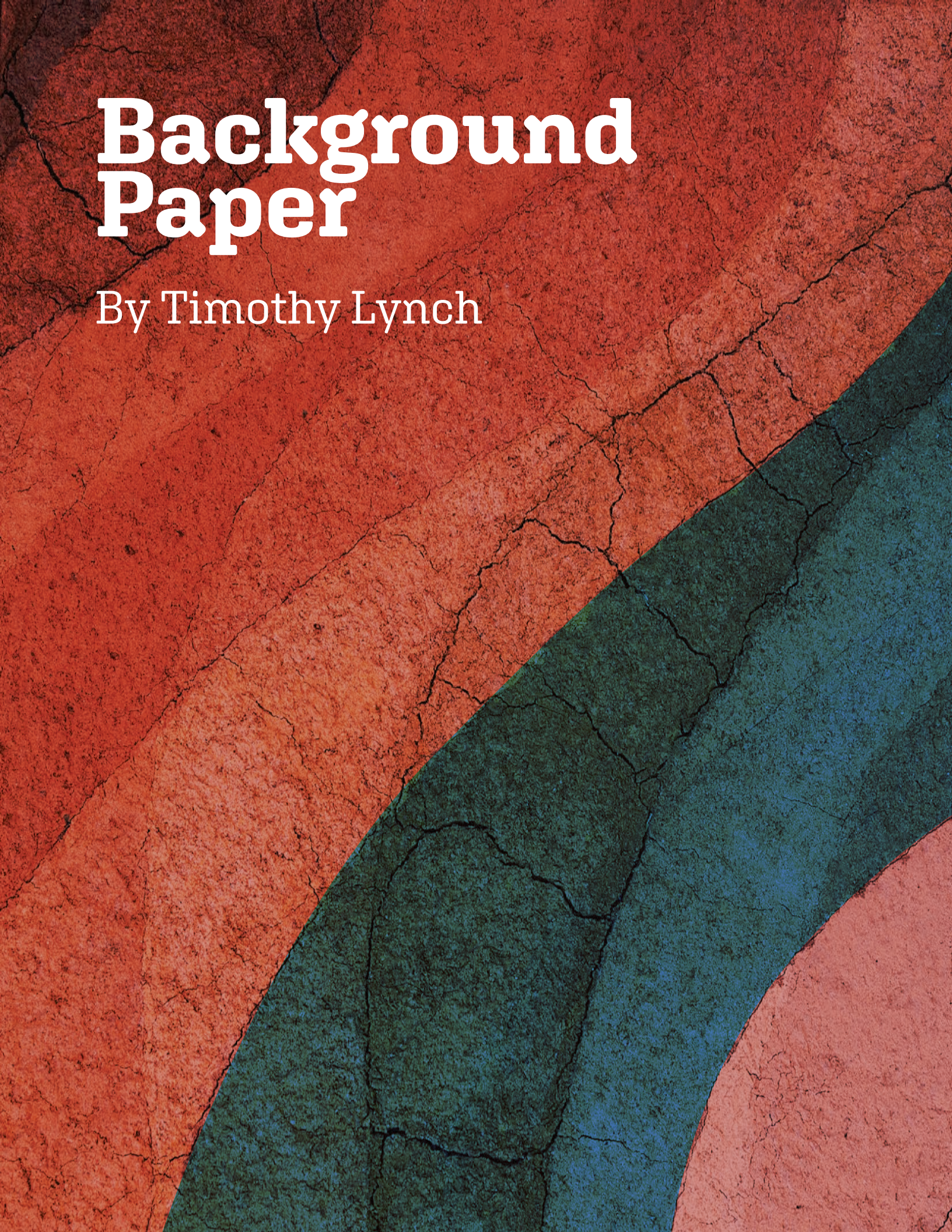


Background Paper

By Timothy Lynch



Few would deny that trust is necessary for the proper functioning of the health care system, beginning with the trust that patients place in the physicians and other clinicians who care for them, often during times when they are particularly vulnerable. Patients give the physicians and systems treating them access not only to their private information but also to their bodies. Indeed, as one writer stated, “trust in the healer is essential to healing itself,” and trust is a “prerequisite to seeking care at all.”¹ Of course, issues of trust in our interconnected health care system extend beyond the clinician-patient relationship to encompass relationships between and among stakeholders like hospitals and health systems, health plans, the government and others.

In recent years, societal trends and issues specific to health care have combined to undermine public trust in many formerly trusted institutions. In 2018, the public relations and marketing consultancy firm Edelman released findings from its annual “Trust Barometer,” showing that trust in institutions among the U.S. population had fallen into the lowest quarter of the 28 countries surveyed, with trust among the “informed public” ranking last.²

The data about Americans’ trust in the health care system demonstrates a discouraging decline on many fronts. In 1966, 73 percent of Americans said they had great confidence in the “leaders of the medical profession”; only 34 percent said so in 2012.³ In 2015, only 37 percent of the public told Gallup that they had a “great deal” or “quite a lot” of confidence in the medical system, compared to 80 percent in 1975. This made “the medical system” the “biggest loser,” with the largest decline in trust among any institution about which Gallup inquired.⁴

When it comes to physicians, the news is more favorable, although there is room for improvement. Compared to people in other nations, Americans think highly of the care they receive from their own physician, but are more skeptical of physicians as a class. In a survey conducted between 2011 and 2013, the United States ranked third of 29 nations in the satisfaction patients expressed with the treatment they received when they last visited a physician. However, the United States ranked 24th in the percentage of patients who agreed with the statement “All things considered, doctors in the U.S. can be trusted.”³ In the same survey, 69 percent of the public rated the honesty and ethical standards of physicians as “very high” or “high.”³ In 2016, that number dipped slightly to 65 percent, while 84 percent of Americans said the same about nurses.⁵

Experts and stakeholders point to a variety of factors that have contributed to a diminution of trust in physicians and the health care system. These factors include the rapid growth of competing and contradictory sources of information; research findings that are breathlessly reported to the public only to be subsequently withdrawn; conflicts of interest and consumer perceptions that medicine is a business like any other; an exponential increase in medical advances and complexity, many of which change recommendations to patients; the movement to expose quality problems and medical errors; and clumsy efforts to restrain health care costs through some poorly devised managed care models in the 1990s.

In addition, we have seen continuing and highly publicized skepticism about the scientific consensus in areas such as climate change and the safety of genetically modified foods. Indeed, in an era in which balkanized communities receive their news from different television networks and tailored social media feeds, it seems increasingly difficult for Americans to agree on a shared set of facts.

1 Goold SD. Trust, distrust and trustworthiness: lessons from the field. *J Gen Intern Med.* 2002 Jan;17(1):79–81.

2 2018 Edelman trust barometer reveals record-breaking drop in trust in the U.S. [Internet]. Chicago (IL): Edelman; 2018 [cited 2018 Apr 23]. Available from: <https://www.edelman.com/news-awards/2018-edelman-trust-barometer-reveals-record-breaking-drop-trust-in-the-us>

3 Blendon RJ, Benson JM, Hero JO. Public trust in physicians – U.S. medicine in international perspective. *N Engl J Med.* 2014;371(17):1570–2.

4 Renewing Americans’ trust [Internet]. San Francisco (CA): Medium; 2018 Mar 21 [cited 2018 Apr 23]. Available from: <https://medium.com/trust-media-and-democracy/renewing-americans-trust-b16a63eb5e63>

5 Norman J. Americans rate healthcare providers high on honesty, ethics [Internet]. Washington (DC): Gallup; 2016 Dec 19 [cited 2018 Apr 23]. Available from: <http://news.gallup.com/poll/200057/americans-rate-healthcare-providers-high-honesty-ethics.aspx>

These currents have buffeted health care and diminished trust, as demonstrated by persistent skepticism about the medical consensus that vaccines are safe.

As we consider what would be involved in building and rebuilding trust in health care, it is worth pausing to consider what we mean when we use the term. Trust has been defined in a wide variety of ways in the health care context, befitting a complex and multi-faceted concept. These definitions, however, frequently include a core set of attributes: vulnerability, integrity, technical and interpersonal competency, transparency, confidentiality and compassion. Andrew Morris-Singer, MD, the president and founder of Primary Care Progress, stressed the concept of trust as a “safe space to articulate what I’m feeling and thinking,” even where imbalances of power are present.⁶

Observers also distinguish between two types of trust that interact with and influence each other: interpersonal and social. Where interpersonal trust is built on repeated personal interactions, social trust is vested in institutions and is influenced by the media and general social confidence.⁷ This distinction will be highly relevant to discussions at the Forum.

Trust is also central to the concept of professionalism defined in the Physician Charter on medical professionalism. The charter stresses the importance of patient welfare and patient autonomy, which can be exercised only in the context of trusting relationships.⁸ Indeed, the charter says that professionalism is the basis of medicine’s contract with society, and states: “Essential to this contract is public trust in physicians, which depends on the integrity of both individual physicians and the whole profession.” This idea is at the heart of why the ABIM Foundation has chosen the topic of trust for the 2018 Forum, and as a new area of strategic focus.

The Forum will explore trust in different contexts: between patients and their physicians and clinical teams, between clinicians and the organizations in which they work, between and among organizations in the health care field, and between Americans of all backgrounds and the health care system as a whole. This paper will highlight key issues related to trust, providing context for what we hope will be vibrant discussions at the Forum.

Patient-Clinician Trust

Why it matters: Trusting relationships between patients and the clinicians who care for them contribute to important outcomes. First, trust is associated with better access to and utilization of medical care.⁹ Patients’ trust in clinicians is also closely tied to the likelihood that they will carry treatment recommendations forward. A 1999 study found that 62 percent of patients in the highest quartile of trust reported always taking prescribed medication and following their physician’s recommendation, compared to only 14 percent of patients in the lowest quartile.¹⁰ Another study found that patients with higher trust in their physicians were more likely to report engaging in eight recommended behaviors, including exercise, smoking cessation, and safe sexual practices.¹¹

6 Lynch Timothy (Senior Director of Foundation Programs, ABIM Foundation, Philadelphia, PA), Wolfson Daniel (Executive Vice President and COO, ABIM Foundation, Philadelphia, PA). Interview with Andrew Morris-Singer (MD, President and Founder, Primary Care Progress, Cambridge, MA). 2018 Jan 30.

7 Pearson SD, Raeke LH. Patients’ trust in physicians: many theories, few measures, and little data. *J Gen Intern Med.* 2000 Jul;15(7):509–13

8 ABIM Foundation, American College of Physicians, European Federation of Internal Medicine. The physician charter [Pamphlet]. Philadelphia:2002. Available from: <http://abimfoundation.org/what-we-do/physician-charter>.

9 Ozawa S, Sripad P. How do you measure trust in the health system? A systematic review of the literature. *Soc Sci Med.* 2013 Aug;91:10–4.

10 Thom DH, Ribisl KM, Stewart AL, Luke DA, The Stanford Trust Study Physicians. Further validation and reliability testing of the trust in physician scale. *Med Care.* 1999 May;37(5):510–7.

11 Safran DG, Taira DA, Rogers WH, Kosinski M, Ware JE, Tarlov AR. Linking primary care performance to outcomes of care. *J Fam Pract.* 1998 Sep;47(3):213-20.

Trust in their physician was also found to be a key factor in patients' decisions to enroll in a study of a new cancer treatment.¹²

“Over and over again, when you ask patients what they most want, they say they want somebody they can trust,” said Debra Ness, President of the National Partnership for Women & Families.¹³ This sentiment is borne out by the strong correlation between trust and patients' decisions to stay with their providers. One study found that only 3 percent of patients in the highest trust quartile left their physician over a six-month period, compared to nearly a quarter (24 percent) of patients in the lowest quartile.¹⁰

Although trust is not the same as satisfaction, there is reason to believe that the former can enhance the latter.¹⁴ Some have suggested that an emphasis on building trust is particularly important in an era in which the growth of the accountable care model could give rise to a new generation of concerns about physician incentives to withhold care, akin to the 1990s backlash against the Health Maintenance Organization model.¹⁵

Trust and Race/Ethnicity: Trust also seems to be a particularly salient issue in relationships between physicians and patients from racially and ethnically diverse populations, and between patients from underserved populations and the health system as a whole. There are numerous findings that patients of color have less trust in the health care system than white patients, and many researchers contend that these lower levels of trust help account for why patients of color are less likely than white patients to seek care, preventive services and surgical treatment.¹⁶ Of course, history offers numerous examples that foster distrust, such as “The Tuskegee Study of Untreated Syphilis in the Negro Male,” in which the U.S. Public Health Service intentionally failed to treat 399 African Americans with syphilis without their consent, and the use by Johns Hopkins researchers of African-American patient Henrietta Lacks' genetic material for research without her consent.^{17,18,19}

A national survey found that African Americans (44.7 percent) were more likely than whites to report low levels of trust in health care providers (33.5 percent).²⁰ Researchers found that African Americans had lower levels of trust even after controlling for socio-demographics, prior health care experiences, and structural characteristics of care. Among the African-American population, those whose medical care source was not a physician's office were the most likely to report low trust, suggesting that trust is harder to foster in care settings where continuity between patients and individual physicians is absent, such as hospital emergency departments or outpatient departments, clinics or health centers.

12 Penman DT, Holland JC, Bahna GF, Morrow G, Schmale AH, Derogatis LR, Carnrike CL Jr, Cherry R. Informed consent for investigational chemotherapy: patients' and physicians' perceptions. *J Clin Oncol*. 1984 Jul;2(7):849-55.

13 Lynch Timothy (Senior Director of Foundation Programs, ABIM Foundation, Philadelphia, PA), Wolfson Daniel (Executive Vice President and COO, ABIM Foundation, Philadelphia, PA), Baron Richard (MD, President and CEO, ABIM Foundation, Philadelphia, PA). Interview with Debra Ness (President, National Partnerships for Women & Families, Washington, DC). 2018 Jan 10.

14 Pellegrini CA. Trust: the keystone of the patient-physician Relationship. *J Am Coll Surg*. 2017 Feb;224(2):95–102.

15 Mechanic D, Schlesinger M. The impact of managed care on patients' trust in medical care and their physicians. *JAMA*. 1996;275(21):1693–7.

16 LaVeist TA, Nickerson KJ, Bowie JV. Attitudes about racism, medical mistrust, and satisfaction with care among African American and white cardiac patients. *Med Care Res Rev*. 2000;57 Suppl 1:146-61.

17 Boulware LE, Cooper LA, Ratner LE, LaVeist TA, Powe NR. Race and trust in the health care system. *Public Health Rep*. 2003;118(4):358–65.

18 The tuskegee timeline [Internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2015 Dec 22 [updated 2017 Aug 30; cited 2018 Apr 23]. Available from: <https://www.cdc.gov/tuskegee/timeline.htm>.

19 Skloot R. *The immortal life of Henrietta Lacks*. New York: Broadway Paperbacks; 2011. 381 p.

20 Halbert CH, Armstrong K, Gandy OH, Shaker L. Racial differences in trust in health care providers. *Arch Intern Med*. 2006;166(8):896–901.

Another study found that African Americans were less likely than white patients to trust the technical judgment and interpersonal competence of physicians. The same was true for Latinos, who exhibited deeper mistrust and were less likely than white patients to trust the fiduciary ethic of physicians.²¹ Even leaving aside race and ethnicity, low-income patients generally exhibit less trust in their physicians. Only 47 percent of Americans with incomes below \$30,000 said that doctors can be trusted, compared to 63 percent of Americans with incomes above that level.³

Indeed, when researchers interviewed patients for a 2016 study, they found that “the issue lower-income participants were most passionate about” was their “widespread distrust of the health care system and the feeling that they were seen as ‘less than’ by health care professionals.”²² These patients were mostly critical of physicians, rather than nurses or other providers. They offered numerous examples of what they perceived as a lack of trust and respect, including “providers avoiding eye contact, speaking condescendingly, showing physical disgust when touching patients, brushing off patient concerns and symptoms, and ignoring adverse events that patients reported from prescribed treatments.”

Building Trust: Communication—both verbal and nonverbal—is key to building and maintaining trust. Indeed, the closest correlate of trust is the patient’s assessment of a physician’s communication level and interpersonal relationship. Interpersonal trust is typically built over time and through repeated interactions. It requires patients to have confidence in their clinician’s skill and commitment to put the patient’s interests first, and a willingness to give physicians the latitude to do what is necessary to help them.¹⁴

Those who have studied the topic suggest a number of actions clinicians can take to improve trust in their relationships with patients, including practicing communication skills such as breaking bad news or persuading a patient that a test is unnecessary; fostering patient continuity; contributing to quality improvement efforts; and paying close attention to financial and nonfinancial incentives that could produce actual or perceived conflicts of interest.²³ It should be noted, however, that a Cochrane meta-analysis showed insufficient evidence of consistent benefit from any one approach to increasing trust in physicians.²⁴

Interestingly, there is evidence that trust between physicians and patients is reciprocal: that physicians who make overt demonstrations of trust in patients are more likely to be trusted in return, and that patients who perceive a lack of trust from their physicians then have less trust in their doctors.²⁵ Physicians tend to trust patients who follow recommended treatment plans, are actively involved in managing their conditions, are respectful of physician time and boundaries, and keep their appointments, among other things. This concept, along with the importance of trust generally, has led one commenter to suggest that “to trust is an indispensable virtue of a good physician.”¹⁴

Although it may be an indispensable virtue, however, physicians do not receive formal training in how to build trust in the medical curriculum. “We have not trained or taught people how to build trust,” said Karen Remley, MD, President of the American Academy of Pediatrics.

21 Sewell AA. Disaggregating ethnoracial disparities in physician trust. *Soc Sci Res.* 2015 Nov;54:1–20.

22 Duke CC, Stanik C. Overcoming lower-income patients’ concerns about trust and respect from providers [Internet]. Bethesda (MD): Health Affairs; 2016 Aug 11 [cited 2018 Apr 23]. Available from: <https://www.healthaffairs.org/doi/10.1377/hblog20160811.056138/full/>

23 Goold SD, Lipkin M. The doctor-patient relationship: challenges, opportunities, and strategies. *J Gen Intern Med.* 1999;14(S1):S26-33.

24 Rolfe A, Cash-Gibson L, Car J, Sheikh A, McKinstry B. Interventions for improving patients’ trust in doctors and groups of doctors. *Cochrane Database Syst Rev.* 2014 Mar 4;3:CD004134.

25 Barber B. *The logic and limits of trust.* New Brunswick, NJ: Rutgers University Press; 1983. 190 p.

“There is a science to building trustful relationships, and to doing so in environments that don’t always allow for long-term, face-to-face interactions.”²⁶ She said that even where standardized patients are used in the curriculum, educators do not emphasize trust-building.

Americans and Their Health System

Why it Matters: As noted in the introduction, although Americans still express generally high levels of trust in their physicians, less than one quarter express confidence in the health care system as a whole. Deep suspicions abound about the motivations of key players such as health plans and hospitals.²⁷ About two-thirds of Americans (68 percent) say that insurance companies are mostly interested in making money, and nearly 40 percent say the same of hospitals. Indeed, distrust in other health care stakeholders has diminished their ability even to communicate information designed to help patients make better care decisions. For example, while 50 percent of Americans said they trusted quality information offered by physicians, only 13 percent trusted quality data from health plans, with even smaller percentages believing such data from employers or government websites.²⁷

Such skepticism, if left unchecked, could have significant consequences for efforts to protect the public from harm. For example, confidence in public health agencies is likely to matter greatly should an outbreak of a communicable disease like Ebola occur, yet fewer than one in three Americans say they trust public health officials to share complete and accurate information.²⁸ We have seen examples from other nations of how trust levels impact important public health issues such as vaccination. Greater trust in government was associated with higher levels of intention to be vaccinated for the H1N1 pandemic in the Netherlands, while distrust in government health services has harmed polio eradication efforts in the Democratic Republic of Congo.²⁹

A lack of trust in the system also has a direct effect at the patient level. Patients who distrust the health system as a whole are less likely to seek and receive care that can help them. For example, a 2017 study found that breast cancer patients with the most distrust in the health care system as a whole were 22 percent more likely to report not obtaining at least one recommended post-surgical treatment than patients with the least distrust.³⁰

Trust in Science: Unfortunately, there is reason to believe that skepticism and distrust are on the rise. Many Americans are skeptical about one or more scientific findings, from climate change to the safety of vaccines. In fact, fewer than 40 percent of adults express “a lot” of trust in information from scientists about climate change or genetically modified foods.³¹ Threats to public confidence in scientific research are not new, dating back at least to widespread concerns about the influence of pharmaceutical companies and conflicts of interest on the part of physicians and researchers.³²

26 Lynch Timothy (Senior Director of Foundation Programs, ABIM Foundation, Philadelphia, PA), Wolfson Daniel (Executive Vice President and COO, ABIM Foundation, Philadelphia, PA). Interview with Karen Remley (MD, President, American Academy of Pediatrics, Media, PA). 2018 Jan 4.

27 Collado M, Oakman T, Shah M. To improve health care, how do we build trust and respect for patients? [Internet]. Bethesda (MD): Health Affairs; 2017 Sep 26 [cited 2018 Apr 23]. Available from <https://www.healthaffairs.org/doi/10.1377/hblog20170926.062183/full/>

28 SteelFisher GK, Blendon RJ, Lasala-Blanco N. Ebola in the united states – public relations and implications. *N Engl J Med*. 2015 Aug 27;373:789-91.

29 Ozawa S, Stack ML. Public trust and vaccine acceptance--international perspectives. *Hum Vaccin Immunother*. 2013 Aug;9(8):1774–8.

30 Dean LT, Moss SL, McCarthy AM, Armstrong K. Healthcare system distrust, physician trust, and patient discordance with adjuvant breast cancer treatment recommendations. *Cancer Epidemiol Biomarkers Prev*. 2017 Dec;26(12):1745–52.

31 Kennedy B, Funk C. Many Americans are skeptical about scientific research on climate change and gm foods [Internet]. Washington (DC): Pew Research Center; 2016 Dec 5 [cited 2018 Apr 23]. Available from: <http://www.pewresearch.org/fact-tank/2016/12/05/many-americans-are-skeptical-about-scientific-research-on-climate-and-gm-foods/>.

32 DeAngelis CD. Conflict of interest and the public trust. *JAMA*. 2000 Nov 1;284(17):2237–38.

However, scientific evidence may be increasingly vulnerable to the tendency to reject news that contradicts one's pre-existing worldview and the blossoming of social media that enables those who share a worldview to reinforce one another's beliefs.

Indeed, reporting from the media is unlikely to serve as an antidote to distrust in science or scientists, considering that only 32 percent of Americans express trust and confidence in the mass media "to report the news fully, accurately and fairly."³³ Concerns about health and science reporting may be particularly difficult to address, as some argue that there is more misleading reporting about health care than any other topic. "My sense is that of all the categories of 'fake news', health news is the worst," Kelly McBride, the Vice President of the Poynter Institute, told *The Atlantic* magazine. "There's more bad health news out there than there is in any other category, [and] reliable sources on other topics are [sometimes] really bad on health care news."³⁴

It is worth considering how skepticism about science, scientists and the media could affect health care. Howard Bauchner, Editor in Chief of *JAMA*, has suggested that the speed of communication may be leading not only to the easier propagation of false information, but also to an actual decrease in the quality of scientific findings.³⁵ He argued that there "appears to be an increasing rush to publish" or make findings available immediately, and that accounts of "serious problems with scientific research" seem to be on the rise. He cited recent concerns casting doubt on the reproducibility of laboratory-based experiments and a spate of articles that had to be corrected or withdrawn altogether after publication. Collectively, he argued, examples of flawed research "leave an impression of questionable science that is likely contributing to the public discourse over the meaning and definition of facts."

Dr. Remley from the American Academy of Pediatrics suggested that the sheer volume of available medical information has left consumers susceptible to misinformation, an idea that is supported by a recent finding that 58 percent of Americans say the rapid growth of information and news sources has made it harder rather than easier to be informed.³⁶ In the health context, patients wonder if their physicians could possibly be keeping up, while physicians misinterpret patients' independent research as a lack of trust. Dr. Remley suggested that physicians not only need to be able to evaluate scientific information, but also to "speak from a place that will engender trust in patients and explain why incorrect information [presented by patients] is false." As an example, she pointed to an "Effective Communication without Confrontation" program developed by The Permanente Medical Group Northern California to train clinicians how to have structured, clear and transparent conversations to build trust with parents expressing skepticism about or refusing vaccines. One of the program's key messages is: "Parents are influenced by their doctors according to the degree of trust they have in them. The better we can forge a common identity and a trust connection with the parents, the more effective we can be."

Adam Berinsky, PhD, a political science professor at MIT and this year's Kimball lecturer, is an expert on misinformation and techniques to combat it. He said that it is easier to find strategies that do not work than ones that do.

33 Swift A. Americans' trust in mass media sinks to new low [Internet]. Washington (DC): Gallup; 2016 Sep 14 [cited 2018 Apr 23]. Available from: <http://news.gallup.com/poll/195542/americans-trust-mass-media-sinks-new-low.aspx>.

34 Beck J. 'Of all the categories of fake news, health news is the worst' [Internet]. Washington (DC): The Atlantic; 2017 Jun 25 [cited 2018 Apr 23]. Available from: <https://www.theatlantic.com/health/archive/2017/06/of-all-the-categories-of-fake-news-health-news-is-the-worst/531540/>

35 Bauchner H. The rush to publication: an editorial and scientific mistake. *JAMA*. 2017;318(12):1109–10.

36 American views: trust, media and democracy. Washington (DC): Gallup, Inc.; 2018. 67 p. Available from: https://kf-site-production.s3.amazonaws.com/publications/pdfs/000/000/242/original/KnightFoundation_AmericansViews_Client_Report_010917_Final_Updated.pdf

For example, he said that appeals to authority—which have long undergirded claims made by scientists and physicians—are increasingly unlikely to persuade.³⁷

“My biggest message is that the strategies that seem intuitive don’t work,” Berinsky said. “There’s not going to be a one-size-fits-all strategy, and there needs to be a lot of experimentation.” He said the “most depressing” part of his research was the transience of corrections to false beliefs, describing the tendency of people who are initially convinced of the falsity of a particular claim to revert to their prior beliefs shortly thereafter. “Information fades quickly; that’s a consistent finding,” he said.

One technique that he has found successful in addressing misinformation is to present statements made against one’s perceived interest, such as a Republican legislator denying that the Affordable Care Act established “death panels” or a mother of a child with autism denying that vaccines caused the condition. He will discuss other possible solutions in his lecture.

Trust among Stakeholders and Teams

Compared to what we know about patients’ trust in physicians and in the health care system as a whole, we know comparatively little about trust between clinicians, hospitals and health care systems, and health plans. One of the few pieces of data we have comes from ReviveHealth, a national health care marketing communications firm, which conducted a Trust Index Survey in 2017 that assessed trust between health plans and the physicians and health systems with which they interact. On a scale of 100, the level of trust in health plans was 52.0 among health systems and 55.0 among physicians. Health plans had a somewhat higher level of trust in health systems, at 68.4.³⁸

Lewis Sandy, MD, MBA, Executive Vice President, Clinical Advancement at UnitedHealth Group, said that although there may always be some tensions, he thought that trust between physicians and health plans has improved over the last decade. He credited this to payment and delivery reforms, the market reforms of the Affordable Care Act and widespread recognition that the status quo is not sustainable. “It’s fundamentally about relationships,” Dr. Sandy said. “We have moved from a zero-sum game to one where we work together to achieve the Triple Aim, both for one patient at a time and for populations. We’ve moved much closer to an alignment of purpose.”³⁹ However, he cautioned that many of these same dynamics may be affecting trust between physicians and large delivery systems, with physicians feeling the need for a “port in the storm,” but reluctant to become employed by local hospitals that value them primarily as feeders for inpatient care.

No one would doubt that trust issues exist between physicians and the hospitals and health systems they work for, but there is little research to quantify the problem. Although not directly related to trust, only one-third of physicians polled by the Physicians Foundation in 2016 said they believed that the hospital employment of doctors is a positive trend.⁴⁰

37 Lynch Timothy (Senior Director of Foundation Programs, ABIM Foundation, Philadelphia, PA), Wolfson Daniel (Executive Vice President and COO, ABIM Foundation, Philadelphia, PA), Baron Richard (MD, President and CEO, ABIM Foundation, Philadelphia, PA). Interview with Adam Berinsky (PhD, Political Science Professor, MIT, Cambridge, MA). 2017 Dec 22.

38 Trust: the 11th annual ReviveHealth Trust Index™ reveals the first 360-degree view of trust in healthcare [Internet]. Nashville (TN): ReviveHealth; 2017 [cited 2018 Apr 23]. Available from: <http://thinkrevivehealth.com/topic/2017-trust/>

39 Lynch Timothy (Senior Director of Foundation Programs, ABIM Foundation, Philadelphia, PA), Wolfson Daniel (Executive Vice President and COO, ABIM Foundation, Philadelphia, PA). Interview with Lew Sandy (MD, MBA, Executive Vice President, Clinical Advancement, UnitedHealth Group, Minnetonka, MN). 2018 Jan 10.

40 2016 survey of America’s physicians: practice, patterns and perspectives. Columbia (SC): The Physicians Foundation; 2016 Sep. 82 p. Available from: https://physiciansfoundation.org/wp-content/uploads/2017/12/Biennial_Physician_Survey_2016.pdf

Some suggest that a lack of trusting relationships between physicians and the systems in which they work is a contributing factor to burnout. According to some leaders, defining a shared purpose offers a path toward restoring trust in those relationships. “We need to be better at talking to one another about how to make patient outcomes better, and allow everyone to have more time in the room with patients,” said Darilyn Moyer, MD, Executive Vice President and Chief Executive Officer of the American College of Physicians.⁴¹ Others propose trying to flatten hierarchies within health systems. “I have to work hard to level the playing field with the people I lead so that we can actually build a relationship that’s not dependent on, and reflective to a fault of, the hierarchy,” said Gary Kaplan, MD, Chairman and Chief Executive Officer of Virginia Mason Health System.⁴²

Trusting relationships within the health care team also matter. Relationships between nurses, doctors and others can shape attitudes and practices toward patients.⁹ As one commenter noted, “When we have, through adequate communications, established a bond of trust with our team, the team works better, the stress is lower, the satisfaction and celebration of work well done is shared among all of us, and the environment in which we work is enriched.”¹⁴ It should thus be no surprise that when the American Hospital Association convened chief medical officers and chief nursing officers from a dozen institutions to discuss how they can work more effectively, trust was a major theme, according to Jay Bhatt, DO, the AHA’s Senior Vice President and Chief Medical Officer.⁴³

We also know that trust within a health system can be influenced by professional norms and power dynamics. NewYork-Presbyterian (NYP) has devoted significant energy to building trust and respect among the clinicians and non-clinicians caring for patients there. “Teams can’t be high performing at any level unless there is tremendous trust among the team members,” said Laura Forese, MD, MPH, Executive Vice President and Chief Operating Officer at NYP.⁴⁴ Leaders at NYP interviewed team members at all levels and said the word “respect” arose repeatedly, which led them to focus on promoting a “culture of respect.” They adopted an institutional credo that stated that “every person in every role counts” and committed the institution to “treat[ing] everyone as a valued human being” and “honor[ing] everyone’s contribution to creating a healing environment for our patients and families.”

NYP executives conduct “rounds” in which they ask staff about the implementation of the culture of respect and survey the staff. Three-quarters of survey respondents said that they had seen efforts to build a culture of respect. Dr. Forese noted that the initial rollout of the “culture of respect” focused heavily on a staff audience, and less on physicians; she said that NYP had since increased its efforts to reach their physician audience, including by emphasizing respect at the resident orientation and at a retreat of chief residents.⁴⁵

41 Lynch Timothy (Senior Director of Foundation Programs, ABIM Foundation, Philadelphia, PA), Wolfson Daniel (Executive Vice President and COO, ABIM Foundation, Philadelphia, PA). Interview with Darilynn Moyer (MD, Executive Vice President, Chief Executive Officer, American College of Physicians, Philadelphia, PA). 2018 Jan 5.

42 Lynch Timothy (Senior Director of Foundation Programs, ABIM Foundation, Philadelphia, PA), Wolfson Daniel (Executive Vice President and COO, ABIM Foundation, Philadelphia, PA). Interview with Gary Kaplan (MD, Chairman and Chief Executive Officer, Virginia Mason Health System, Seattle, WA). 2018 Jan 4.

43 Lynch Timothy (Senior Director of Foundation Programs, ABIM Foundation, Philadelphia, PA), Wolfson Daniel (Executive Vice President and COO, ABIM Foundation, Philadelphia, PA). Interview with Jay Bhatt (DO, Senior Vice President, Chief Medical Officer, American Hospital Association, Chicago, IL). 2018 Jan 9.

44 Forese LL, Lee TH. How can you tell if trust and respect are problems among clinicians and non-clinicians? [Internet]. Waltham (MA): NEJM Catalyst; 2017 Aug 7 [cited 2018 Apr 23]. Available from: <https://catalyst.nejm.org/laura-forese-trust-respect-non-clinicians/>

45 Lynch Timothy (Senior Director of Foundation Programs, ABIM Foundation, Philadelphia, PA), Wolfson Daniel (Executive Vice President and COO, ABIM Foundation, Philadelphia, PA). Interview with Laura Forese (MD, MPH, Executive Vice President, Chief Operating Officer, NewYork-Presbyterian, New York City, NY). 2017 Dec 19.

Measuring Trust

Mobilizing the health care community to focus on trust may require building a stronger evidence base about both the importance of trust (e.g., how it is linked to important clinical and financial outcomes) and what works to improve it. Researchers have found a correlation between trust and adherence, continuity and other important results. Overall, however, there is much more we would like to know. A meta-analysis of 47 studies did find a correlation between trust and self-rated subjective health outcomes but did not find significant correlations between trust and objective or observer-rated outcomes.⁴⁶ As noted above, the Cochrane Collaborative found no evidence of consistent benefit from any particular intervention to improve patient-physician trust. In addition, we lack reliable data on levels of trust among and between significant stakeholders in health care, or evidence-based methods for increasing it.

The development of new measures focused on trust could help advance the development of that evidence base. A number of general measures to assess patient trust in their physicians exist, such as The Trust in Physician Scale (TIPS), but they have not always received strong marks for their psychometric properties.⁴⁷ Meanwhile, no measures exist for salient trust issues such as vaccination, which presents one of the starkest trust-related challenges to public health.²⁹

Researchers at Johns Hopkins, concerned about the lack of validated measures of trust that can be included in patient-based and community studies, tested a Medical Mistrust Index and found that agreement with seven of its 17 items was predictive of the underutilization of health services. These predictive items included statements such as “You’d better be cautious when dealing with health care organizations” and “Patients have sometimes been deceived or misled by health care organizations.”⁴⁸ The researchers suggest that a validated measure of medical mistrust would make it possible to design studies that answer questions such as what health system characteristics are associated with increasing or decreasing patient trust, and what health care organizations can do to engender trust.

Toyin Ajayi, MD, the chief health officer at Sidewalk Labs’ Care Lab, told *NEJM Catalyst* that an initial step for measuring patient trust in a health care system could be measuring the presence of a relationship. Dr. Ajayi said that she will ask patients: “Do you know the name of your health care provider, of anyone on your health care team? Would you recognize them, and would they recognize you, if you ran into them in an unfamiliar setting on the street?”⁴⁹

Conclusion

Although the importance of trust in the health care system may be self-evident, there is still much we do not know about how it can be built and about its impact. Participants in this Forum will have the opportunity to explore what it means to be trustworthy, consider strategies to build trust in a variety of contexts, and propose ways in which key stakeholders can help advance those strategies. We look forward to the conversation and to participants’ post-Forum efforts to help build a more trustworthy health care system.

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