

Fred Cerise, MD, MPH, on how to bridge health care trust gap

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today's episode of Moving Medicine, a discussion with Fred Cerise, MD, MPH, president and CEO of Parkland Health & Hospital System in Dallas, about the importance of building trust in health care during COVID and beyond.

Speaker

- Fred Cerise, MD, MPH, president and CEO of Parkland Health & Hospital System

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. Today we're talking about something that seems to be in short supply, trust, with Dr. Fred Cerise, president and CEO of Parkland Health & Hospital System in Dallas about the importance of building trust in health care during COVID and beyond. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Cerise, thank you so much for being here today. Important topic trust, and as part of your work with the American Board of Internal Medicine Foundation, you've become a national leader on building trust in health care, so we're expecting some big pieces of advice from you. First of all, what happened to trust? This situation with the pandemic has really pointed out the gulf that we're facing right now. What's your take?

Dr. Cerise: Well, even before the pandemic we recognized trust in the health care system was eroding in the country, and that was one of the impetus behind the ABIM, their effort to highlight the need to improve trust among institutions and between institutions and patients. So it was something that was going on before the pandemic and we know that has only worsened in the midst of the pandemic.

Unger: You know, when you see different surveys out there about who people trust, physicians do come up at the top of the list. So where's the problem?

Dr. Cerise: Well, historically that's been true but what we're seeing is even that's eroding. There's a lot of misinformation out there now and certainly trust among the public and health care institutions is going down. Again, during the pandemic, we've seen polling data that show that that's even gotten worse.

Unger: You know, it's funny to see what people trust out there, especially when we look at things, starting with hydroxychloroquine and now we're into all sorts of other stuff. Do you have any sense of why people trust certain things and not others?

Dr. Cerise: Well you know, there is a lot of misinformation out there and I think people have a lot more access to information as well. Good and bad, and it's hard to discern what information you can trust. And there's certainly pieces that we've contributed to as a health system. You look at how we've performed. There's a lot of disparities, inequities in our distribution of services and how people can access services. So I think some of that mistrust has been earned and then some of it is related to misinformation.

Unger: So two big topics there, one around misinformation, which we talked a little bit about. The other one is kind of surprising when you think about trust, which you talked about access. What do you mean by that?

Dr. Cerise: Well, you look in the country, your access to health care is oftentimes a factor of geography. You know, what state you're in, what part of a state that you're in and certainly is the case here. You know, I'm at Parkland Hospital in Dallas and almost one-in-four non-elderly adults is uninsured, and so there's just a lot of access barriers. When there's inequitable access to care, you can expect inequitable outcomes and that's going to breed mistrust among people who can't necessarily get access. If you look, trust tends to be higher among higher socioeconomic categories, white individuals, people with higher incomes and creates a particular challenge for us at Parkland because that's not the population we generally serve.

Unger: That's interesting. I don't think we've talked a lot about access, especially in regard to the vaccine but I've never heard anybody talk about it as an issue of trust. What steps do you take at your system to think about improving that with your local community for instance?

Dr. Cerise: Yeah. I think you have to take a kind of non-traditional approach. I mean one is just, we tend in this country to think insurance equals access and then for those who don't have insurance you can go to the emergency room and you can have access and so we're okay. But there's so much more to it than that. People with chronic disease that need ongoing care outside of an emergency

department. People who are at risk for cancer and needs screening, that's not going to happen in an emergency department. So you have to look at the entire continuum and then you've got to look at the population and see where the need is and how do you target those services. A lot of it has to do with partnering with communities, listening to communities, understanding the demographics and factors like that so that you know where to focus your efforts.

Unger: I'm interested in something that you did, which is a trust challenge to really solicit ideas and identify who was building trust both within and outside of your health system. What did you learn from that?

Dr. Cerise: Well, one of the biggest things I learned is people were really interested in telling their stories. So what we did is, we put out a challenge to people. Tell us your practices that you've engaged in that would increase trust, whether it's between your provider teams and patients, among provider teams. We had over 40 submissions of different programs that people had developed to enhance trust. Some of them were simple as consult services to take care of people with addiction problems that would connect them to care on the outside.

I say as simple. I mean it's a simple idea. It's a complicated thing to do. Others were more involved. Like putting mental health providers on teams of police and fire rescue people that are going out into the community to respond to EMS calls of people with behavioral health problems. So there was a lot of interest in telling the stories, which was encouraging to us because one of the things we want to do is try to elevate people's awareness. Think about those practices that are going to foster greater trust so we can highlight that and get people thinking in that mode.

Unger: Gosh, we're at a total mind meld here because a lot of what we talk about and a lot of what you see in the media is all the data. But we know also that stories move people. What do you do with those stories that you're getting that are so compelling for a lot of people out there? How do you make sure people see those?

Dr. Cerise: Yeah. Well, I think it's one of the things that the American Board of Internal Medicine Foundation has focused on when that group has looked at how do you improve trust in the health care system. And one of the big approaches has been, let's tell those stories, let's identify where people are implementing practices to increase trust and then let's highlight that so you can learn from others. There's a program of peer support for people in the hospital who have been particularly impacted by trauma. You know, you had a bad outcome, you had a bad experience. COVID pandemic is a good example of that. So putting a peer support team together to provide some support for people within a hospital. That's an idea I saw from one of these other challenges. It's one of the ideas that our team has implemented.

Unger: Well, I'm coming back to you on this because this is something we're working on here too and one of the reasons that we have an update like this. I'm interested also because this issue around

trust, the issue around storytelling, very applicable to vaccine efforts. How have you taken what you've learned and applied that to vaccine efforts down in Texas?

Dr. Cerise: Yeah, that's a great question looking at how do you establish trust in the community so people will accept the vaccines. Right? One of the things that was striking to me early on, I saw a poll from Kaiser that showed in Texas about 15% of the vaccinations were among the Hispanic population, a population that accounted for about 50, five zero percent, of the deaths. So it highlighted the need to target some efforts in that community and so we've taken a few different approaches. One is just using the data to see where the people are that are not getting vaccinated and then go target efforts there.

And then those efforts are around, kind of multi-pronged efforts, looking at who are community voices they'll trust because my voice might not make a difference there but a community member's voice will make a difference. So we've done things like, as people that the community would recognize come in to get vaccinated we'll videotape that, film it, give them an information packet so that they can take that video and their information and give them a YouTube link and they can spread that in the community. So the community now is hearing a trusted voice talk about it as opposed to someone that they don't know, like me.

Unger: Yeah. That's really important. I think part of what we see in, for lack of better words, the marketing the vaccine. Unlike in digital marketing where you might have a thousand different messages going out there that are very targeted to people, that are designed to connect with a specific population, I think we've all been looking for kind of a silver bullet so to speak that's one message for everybody. And it's just not true, especially when you see numbers like you're talking. 15 versus 50, that is a big warning light and so it's interesting to see how you're taking that.

Dr. Cerise: Well, it becomes kind of a ground game. You see on TV, there's a lot of messages, a lot of commercials about getting vaccinated but it's not necessarily striking home. So we've done things, like we've got this health ambassadors program working with high school students that have an interest in health care. We've taught them about the vaccine, and that message, and they brought that into the community. And we've had vaccine fairs at their school where the students were on Spanish-speaking radio promoting the event and then had good community uptake around events like that. It's extra work. Right? But how do you get into the community through voices that people will trust?

Unger: I like that. That is so smart. I have to think that the situation is complicated by the politicization in Texas. Big questions around masks. How has this affected what you're doing down there and in the face of stuff like this how do physician leaders build trust when it might seem people are working against you?

Dr. Cerise: Yeah. That's a tough one too because I don't remember a public health situation that has been as politicized as this one. Right? You see acceptance to vaccination, acceptance to masking,

that breaks along political lines. So you try to rise above that and not get into those arguments and try to get trusted voices out there. Because when you get to the school leaders, to the pastors, to the people in the community they recognize, generally those people are saying, "Mask. Keep your distance. Get your vaccination." You know? So when it gets more personal, people are delivering the right kind of caring message and so we've tried to work through those channels, use our physician leaders' voices, kind of stick to the science and try to just pound that message. That helps but I think that the community leaders that people recognize, that helps even more.

Unger: Well Dr. Cerise, based on everything you've learned, I'd like for you to give two pieces of advice. First to other physicians out there, kind of number one and number two advice about building trust.

Dr. Cerise: Well, you know we've talked a lot about the erosion of trust but one thing that is true is, people still trust their primary care provider. That's a tried and true thing that's still there, and so I think taking time, which is hard nowadays, right but taking time or your office staff taking time to be able to listen, answer questions. I wish it was more wisdom than that but in a lot of sense kind of just showing up and listening and be present is the trick.

Unger: So for the AMA, we're spending a lot of time trying to showcase physician voices, make sure they're heard. Any advice for us, you'd like to see from us?

Dr. Cerise: I think you've touched on it and that is, what's that right combination of fact and anecdotes. You know, storytelling combined with the data is important because people take information in so differently and today I think storytelling is more important than ever because it's just how people are getting their information. So I think programs like this where people can hear the anecdotes, hear some of the practices that people are putting in place that are building trust, that then result in better patient engagement. Because that's what we're really looking for. How do you get people to engage, to be more activated in their own health care, so that they were getting better health outcomes, reducing inequities? And I think hearing how different systems of doing that will help others think about it and perhaps adopt some new practices.

Unger: Well, Dr. Cerise, thank you so much for joining us today. I love hearing the lessons that you've learned and the work that you're doing with ABIM to spread that message. That's it for today's Moving Medicine video and podcast. We'll be back with another segment soon. In the meantime, you can join us for future episodes and podcasts of Moving Medicine by subscribing at ama-assn.org/podcasts. Thanks for joining us. Please take care.

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