AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, monkeypox, medical education, advocacy issues, burnout, vaccines and more.

Featured topic and speakers

In today’s AMA Update, Rich Baron, MD, president and CEO of the American Board of Internal Medicine and ABIM Foundation, joins to discuss the importance of rebuilding trust in the health care system. AMA Chief Experience Officer Todd Unger hosts.

For more information, visit BuildingTrust.org.

Speaker

- Rich Baron, MD, president and CEO, American Board of Internal Medicine and ABIM Foundation

Transcript

Unger: Hello and welcome to the AMA Update video and podcast, an ongoing series covering a range of health care topics affecting the lives of physicians and patients. I'm Todd Unger, AMA’s chief experience officer in Chicago, and today we're discussing how to combat distrust in the health care system and the spread of misinformation.

I'm joined by Dr. Rich Baron, the president and CEO of the American Board of Internal Medicine and ABIM Foundation. Dr. Baron, welcome.

Dr. Baron: It's great to be here, Todd, with you and my AMA colleagues.
Unger: Well, thanks again for talking to us about something really important and certainly at the center of the pandemic, which is misinformation and distrust of our health care system. It seems to be at an all-time high right now. We've got public skepticism about COVID and the vaccine being a prime example of this.

Your organization, the ABIM Foundation, has committed itself to re-establishing that lost confidence with the Building Trust initiative. Tell us more about the goal and the goals of your initiatives and how it seeks to achieve them.

Dr. Baron: Well first, for anyone who wants to know more about it, you can go to buildingtrust.org, and there we have a description of the initiative and a compendium of some of the results. But I'd say the most important part of it is to recognize—I sometimes describe us that we're at the Paul Revere phase of a Building Trust initiative.

I think many of us in health care think we have trust because we have good intentions. And frankly, it's not news to your viewers that the American Board of Internal Medicine lost trust with lots of our diplomats. And we assumed, oh, we've got that. We have the right intention. We have the right people. We have qualified people. Why would people distrust us?

And people did. And it was because we had neglected the relationship with the doctors that we were serving. And we had assumed that, of course, they think we're on the right side and, of course, they think we have their best interests at heart. And it turned out that we had failed organizationally to build the connections we needed to build to be successful.

And part of how the ABIM Foundation decided to go into this direction was we realized that ABIM was not alone within the health care universe of believing that because we had expertise, because we had experts, because we had science, of course, people will trust us. And in fact, science and expertise is not enough, not close to enough.

Unger: So back to your Paul Revere example there, you're sounding that alarm. You're saying that there is a disconnect there between maybe how physicians perceive themselves and their relationships with patients in terms of that level of trust?

Dr. Baron: Absolutely. And what we're interested in doing is engaging with people across the health care landscape who are prioritizing trust-building as a strategy for achieving their core strategic objectives. So people have conversations in organizations all the time. How do we increase market share? How do we increase or at least generate a variety of organizational activities in service of that goal?

Well, what does it look like when the organization says, how do we build trust? And in the case of health care organizations, I think during the pandemic many of them lost trust with the doctors who
work in them, serve them. And that was everything from whether they successfully provided PPE, what kinds of expectations they had during the pandemic, how well they protected folks, how well they related to the stress and strain that people were under.

Those were many opportunities where people lost trust. So building trust organizations between their physicians, organizations with their communities and physicians with the patients that we serve. And what we’re doing at buildingtrust.org is inviting people in a variety of ways to engage in trust-building practices at the local level within their context and then doing what we can to elevate it.

So we have a few broad strategies. One of them is trust practice challenges within institutions, where institutional leadership invites everybody in the institution to advance what they think of as a practice that builds trust. And that can be recognized and paraded in front of the whole group as saying, look, this is really important for us. This is valuable.

So we've done some of those and some of the examples on that are on our website. And we have a variety of ways that institutions can engage and examples on the website of pathways people can choose.

**Unger:** Well, Dr. Baron, let's talk about some concrete changes that physicians and health systems can make to reestablish trust in the health care system. You've got a framework. I think it's called the five C's. Tell us about what those are and how they apply here.

**Dr. Baron:** Right. So we do think people can organize work building trust around five C’s, C’s being Caring, Comfort, Competency, Communication and Cost. Paying attention to those things in a comprehensive way can help organizations organize activities in ways that are likely to build trust. And each of us, we know in our day-to-day clinical opportunities, we have opportunities to build in all of those. They're all opportunities where we can do better.

**Unger:** Now, you talked about different I would call it relationships in terms of trust. You talked about physicians to patients. You talked about systems to physicians. One thing we haven't talked a lot about is about physician to physician trust, which can also be improved. We don't generally talk about that. Is this something that you find important? And how do physicians improve trust within their own peer group?

**Dr. Baron:** Great question. And absolutely critical that—we have all kinds of literature, for instance, that malpractice suits often begin when the physician that a patient sees says, I can't believe the other doctor did that. And I think that recognizing that we're working in teams and doing what we can to establish the credentials—

One of the trust practices we learned about was, in an emergency room, a change or shift, the emergency room doctor saying, "Oh, Dr. So-and-so is coming on after me. She's terrific. You're really
lucky to have her." And that prepares the ground, makes the patient feel like there's continuity, that good things are going to happen.

So building trust between physicians is a lot about being respectful and recognizing each other's competence. Communication helps a lot with that. When patients see a doctor and that doctor has no idea what the other doctors they've seen have said or done, that really destroys trust. And when there's good communication between the physicians, that builds trust. "Oh, Dr. Jones told me that your daughter is getting married next weekend. Congratulations."

So there are a variety of opportunities we can have to build trust between colleagues which follow the same kind of principles but also often involve showing up for patients in a way that is respectful of the colleagues.

**Unger:** Well, last question. Building trust—obviously, that's a big job. How do you know if you've accomplished the goal? What are the markers along the way that you're succeeding?

**Dr. Baron:** Well, first of all, the level of institutional engagement in trying to make it happen is a marker. I really do think many health care institutions believe, well, we've got that. We don't need to work on that. And so one marker is just the sheer engagement and volume of institutions that are willing to devote some managerial bandwidth and organizational focus on building trust.

Then we're working with Academy Health on developing measures of trust. Some work that was done on that early in some of the cap survey work and there are ways to measure trust. We'd like organizations to be committing to measuring and improving trust. And there's a robust data on—there's robust data on the way that improving trust improves clinical outcomes.

And that's everything we've got in COVID immunization data that people who do not trust institutions in the health care delivery system are much less likely to get vaccinated and therefore are a much higher risk of the dire consequences of that illness. So there's a lot of evidence that the degree of trust that people have has an impact on the clinical outcomes that they have.

And one more point on that. The Lancet study looking at COVID outcomes internationally—the World Health Organization had developed a pandemic preparedness index in the wake of Ebola, which was a bunch of structural measures about how well prepared countries were to respond to the pandemic. It turned out the pandemic preparedness index did not predict mortality from COVID.

The biggest predictor of mortality from COVID internationally was the level of trust that people had in their government and, even more powerfully, the level of trust people had in fellow citizens. And the authors of that report observed that if the United States had achieved the levels of trust that Denmark had, which was at the 75th percentile, almost one-third of COVID deaths would not have happened.
Unger: Well, that's something to really think about, points to the challenge that we've got ahead of us. For more information on the ABIM Foundation's Building Trust initiative, visit their website at buildingtrust.org. We'll be back soon with another AMA Update. Thanks so much, Dr. Barron, for being with us here today. You can find all our podcasts and videos at ama-assn.org/podcasts. Thanks for joining us. Please take care.

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