Edited by

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THE TRUST CRISIS IN HEALTHCARE

Causes, Consequences, and Cures

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I dedicate this book to my children, Douglas and Alyssa,
with the hope that the crises of trust in their lives
will be few and far between.

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Preface

My deep interest in trust as it relates to healthcare emerged at the conclusion of an address I gave in Washington, D.C., to the *Wall Street Journal* Healthcare Summit. My topic was branding and reputation and the time allocated was 60 minutes. As fate would have it, I finished in 59 minutes, and since a presentation can never be long enough for the speaker, I used my remaining minute to make the observation that the healthcare department, service, institution, or brand that owned trust could own its marketplace. This was followed by a series of rhetorical questions to the healthcare leaders and media in attendance: What would you rather have your organization known for than for being a trusted provider of high-quality services and goods? What would you rather have as your individual legacy than a legacy of trust? If you decided to position yourself around trust, who would your competition be? The level of interest, excitement, and simultaneous discomfort was energizing. The Harvard School of Public Health Trust Initiative was born that day.

What we have learned in the intervening years is that trust is an issue of supply and demand. On the one hand, we suffer from a trust famine, a crisis of trust. On the other hand, the public in general, and health seekers in particular, crave trust in their healthcare providers. A series of trust diagnostics that we have conducted in a wide range of healthcare organizations throughout the United States with a diverse group of stakeholders (i.e., patients, members, physicians, nurses, senior leadership, provider and member relations, nonclinical staff) finds that the question "In your opinion, how important is trust in patient care?" scores as very important or important to all groups. These same stakeholders are equally convinced of the critical importance of trust to the question, "In your opinion, how important is trust to the long-term success of this organization?" Punctuating the data is an episode that occurred just as this manuscript went to press. The evening after conducting a trust diagnostic in a well-known healthcare institution, one stakeholder participant went to dinner with a group of his buddies. During dinner, he discussed the trust diagnostic and proclaimed that he was proud to work for an organization that would choose to invest in trust in such a public way. The next day, one of those buddies at the dinner table applied for a job at that very organization based solely on this testimony. He, too, wanted to work for an organization that placed a premium on trust.

A good number of years have passed since I declared that the healthcare department, service, institution, or brand that could own trust could own its marketplace,

and yet it is perhaps more true today than it was then. Trust is at once good medicine, good business, and great leadership. Most successful organizations attempt to embrace the FANAFI principle—that is, to find a need and fill it. This book makes a powerful argument for the need for trust in healthcare and provides some guidance on how to fill it.

Acknowledgments

I have many thanks to offer. First, my thanks go to Holly Zellweger, my colleague of more than a decade, who has participated in this undertaking every step of the way. It is quite simply a better text thanks to her insight, talent, and dedication. I also thank Eric Kupferberg and Leah Maroni-Wagner for their contributions in finalizing the manuscript. I especially thank John Case, a talented contributor and a very classy human being.

I give special thanks to my editor at Oxford University Press, Carrie Pedersen, who is always accessible and who freed me from many of the usual pressures that come with such an undertaking.

My wife, Charlotte, and my parents, Ruth and Milton, provided the greatest support of all.

Finally, my thanks to all the contributors to this book. I originally had a wish list of "A list" contributors. To my delight, they agreed to participate and gave richly of their time and talent, and we reap the rewards in the pages ahead.

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Contributors

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David A. Shore, Ph.D., is associate dean and founding director of the Trust Initiative at Harvard School of Public Health. He teaches two popular Harvard graduate courses, one on strategic marketing and the other on forces of change in the evolving healthcare marketplace. He delivers keynote addresses, presents workshops, and has consulted on six continents. Shore chaired the first three national Conferences on Branding, Positioning, and Competitive Strategies in the Healthcare Industries. His work on brand, reputation, and trust is part of his broader work on market dynamics and the strategies that most powerfully affect the creation of a unique and sustainable competitive advantage. In all of his work, Shore strives to build constructive links between theory and practice. He is the author of *The Trust Prescription for Healthcare: Building Your Reputation with Consumers* (2005).

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Introduction: Reflections on Trust

COKIE ROBERTS and STEVEN V. ROBERTS

Why, you may ask, would a pair of working journalists write an introduction to a book about the trust crisis in healthcare? Here's one reason: We've been there. After all, most of us in the media rank dismally low on the scale of public trust these days. A recent *USA Today*/*CNN* poll reports that only 36 percent of Americans express confidence in the media, down from 54 percent 15 years ago. We are right down there with politicians and used-car dealers. Executives of managed-care companies might find our experience useful, since they, too, hover near the bottom of any trust rankings. Even physicians have slipped a bit from their traditionally lofty perch. The healthcare system really has lost much of the trust it once enjoyed, and we know what it's like to be part of an institution that the public regards with a skeptical eye.

But a more serious answer would have two parts. One has to do with the nature of our work. As journalists, we have spent most of our professional careers writing about the people and institutions that govern our society. Trust is a public official's stock in trade, just as it is for any healthcare provider. Only when they command the public's trust can politicians do their jobs effectively. Without it, the work of governing collapses. The bonds between leaders and followers become frayed, the channels of communication filled with static. So our careers in political journalism provide some insight into what the key elements of trust really are—elements that are as important in healthcare as they are in politics.

Then, too, we are members of that vast population that the healthcare system is designed to serve. Other contributors to this volume are healthcare leaders, academic experts, and physicians. We are healthcare consumers, volunteer caregivers, and patients. We have a few thoughts on encountering the various parts of the healthcare system firsthand—and on what causes people to feel both trust and distrust toward healthcare providers.

The Elements of Trust

For all professionals, from politicians and accountants to pastors and healthcare providers, the bond of trust rests on three key foundations: service, candor, and accountability. Take away any one of these elements and trust is compromised. Take away more than one and the bond is ruptured. We have seen such ruptures time and time again in recent years: the corporate misdeeds involving Enron, Tyco, and

countless others; the sex abuse scandals in the Catholic Church; the machinations of Wall Street stock analysts; the fabrications and flawed judgments of media figures. Sometimes these scandals cross between professions: The editor of the *Harvard Business Review* was forced out after starting a romantic relationship with a key source—the head of General Electric. The auditing firm Arthur Andersen crumbled after helping Enron cook its books. In both cases, much of the public decided that the institutions in question could no longer be trusted. And now, those who run these stained and strained workplaces face the enormous task of rebuilding that trust.

When institutions *are* trusted, it is because they deliver on those three promises of service, candor, and accountability. Take service first. Service does not merely mean doing something for somebody else. It means delivering *value.* What kind of value do we as professionals offer to those we serve? How is this value perceived by our clients? The perception of value underlies many of the ups and downs in the public's attitude toward government. The high point of trust in the federal government came in the mid-1960s. That was the era of the civil rights movement, the Great Society programs, and the enactment of Medicare. People at the time believed that the government was delivering value—that they were getting their money's worth from their taxes, that their representatives were serving the public interest and not just their own. Within just a few years, however, the Vietnam War and Watergate undermined the public's belief that the government was delivering value. As a result, Ronald Reagan was able to run for president on an antigovernment platform. The federal bureaucracy, in his campaign language, became the "puzzle palace on the Potomac." His popular mantra of attacking "waste, fraud, and abuse" reflected the fact that many people no longer believed that government could provide *them* with valuable services. In fact, they thought government would raise *their* taxes to provide help for others who didn't deserve it. In Reagan's world, the "welfare queen" buying beer with food stamps became the symbol of all that was wrong with Washington.

Trust in the government has waxed and waned since then, as some of the contributions to this book discuss. Ironically, it rose during the Reagan years. The reason is instructive: Even though Reagan ran against the government, he seemed to be delivering on his promises. It fell during the Clinton years, and then rose again after September 11, 2001—partly because voters had confidence in the government's response to terrorism, from the president in the White House to the captain in their local firehouse. But the public also needed government services in a new and personal way—to keep them safe.

The relationship between personal service and public trust is revealed by an interesting fact. People always feel much better about their local representative than about Congress as a whole. In the election of 2002, some 98 percent of the congressional incumbents who sought re-election were successful, a number that is historically quite typical. (Ronald Reagan liked to joke that Congress enjoyed a higher re-election ratio than the Supreme Soviet of the U.S.S.R.—and the Soviets had only one party.) This high rate reflects a critical lesson of governing. As late House Speaker Tip O'Neill would say, all politics is local, and what matters to constituents is often the direct personal service a representative can provide.

For this reason, representatives have vastly increased the staff in their district offices and focused their efforts on direct service. And while that service has a political purpose and payoff, the benefits are totally nonpartisan. It doesn't matter whether you are a Democrat or a Republican. If a lawmaker can help dislodge your mother-in-law's social security check or promote your business deal with some obscure government agency, he or she is delivering value. And the reward is trust. Years ago, Steve saw this change occur in Chester, Pennsylvania, where an aggressive young newcomer named Bob Edgar replaced an aging representative whose only district office was hidden away in a government building and closed most of the time. Edgar opened two storefront offices near mass transit lines and assigned half his staff to casework issues. "There's no overt connection to politics," one of those staffers admitted, "but we recognize there is one."

The same rules and experiences apply to healthcare. Demands are growing for a "patients' bill of rights" because too many clients in health maintenance organizations feel that personal service and consideration are lacking, that too many decisions are made by remote and unaccountable bureaucrats, not people they can meet and talk to, face to face. Ask folks about the rising cost of prescription drugs, and one of the first things they mention is the blizzard of ads on television hawking purple pills for every malady from allergies and indigestion to hair loss and weight gain. And they wonder, Is all that money poured into advertising in my interest? Does it serve me? Or cost me?

The second element of trust is candor. People in Washington always seem to forget—and are doomed to relearn—the aphorism that the cover-up is worse than the crime. Think of the phrases that stick in our memories from the public misdeeds of the last few decades from "I am not a crook" (Nixon) and "I did not have sex with that woman" (Clinton) to Lyndon Johnson's repeated promises that there was "light at the end of the tunnel" in Vietnam. Think of how reluctant the Catholic Church was to acknowledge the transgressions of its priests, or how long it took before brokerage firms admitted that their stock analysts were giving biased information to investors. In all these situations, the public felt, correctly, that it was not getting the straight story and that the people or institutions in question were therefore unworthy of trust. By the same token, consider the admiration with which citizens view politicians such as Senator John McCain or the late Senator Paul Wellstone. Voters who did not agree with all of their policies still admired and supported them because of the quality of their character. Interestingly, both used buses as symbols of their candor and modesty. McCain even dubbed his the "Straight Talk Express" and used it as a rolling stage set for endless press conferences that conveyed this message: I'll answer anything, so you know you can trust me.

Candor allays suspicion. It allows you to release difficult information on your own terms before the media drags it out of you. We've worked in many newsrooms, and we can say with certainty that nothing sets a journalist's antennae quivering quite so keenly as the whiff of a cover-up. Perhaps the worst question any professional can get in any crisis situation is this: What are you trying to hide? Most important, candor represents an investment in building trust, and in fact, a crisis can often be an opportunity to restore and even enhance the public's

trust in any institution. Straight talk says to your clients or to your public, "We will tell you everything, even our mistakes. If we screw up, you'll know about it." This is a powerful statement because trust breeds trust. If people know that they can count on you to admit your faults or blunders, if they know you will be candid with them, they will reward your candor with their trust.

The third element of trust is accountability. This is often a sticking point for many professionals. It is the most natural thing in the world to fear accountability. Nobody wants to be exposed in public for his or her misdeeds; nobody wants to pay the price for wrongdoing. But we believe that professionals should welcome mechanisms that hold them accountable. Again, this is an investment that breeds trust.

Take the annual reports by *U.S. News* rating the nation's best hospitals. Many healthcare providers don't like the magazine's ranking system or its methodology—but notice how many institutions in this increasingly competitive marketplace are using those rankings in their advertisements to lure new patients. Hospitals welcome accountability when the news is good and resent it when the news is bad. That's only human nature, but you can't have one without the other. In the end, accountability is a good thing for everybody. It rewards the top performers, prods the underachievers to improve, and convinces the consuming public that the hospitals have nothing to hide.

Consider the situation of the news media. Our relative lack of accountability has long been a sore spot with our readers. They ask us, "Who elected you? What gives you the right to criticize and point fingers?" In recent years, many newspapers have tried to address these concerns. They have established ombudsmen to represent readers' views and reflect their complaints. Some have columnists or reporters who cover the media, including their own employer, often critically. Television news shows criticize newspapers, and newspapers criticize television. Universities produce volumes of media criticism. Granted, this kind of accountability is not the same as having a professional review board or licensing procedure, which in the case of the media would be unconstitutional. But the media have learned that in the absence of outside regulators or certification exams, they need to police themselves, to hold themselves to account. That process can be painful at times, but it's clear that accountability breeds trust rather than undermines it. And healthcare professionals, like journalists, should take the same lesson to heart. If you cannot live with accountability, you do not belong in the business.

In spring 2003, the *New York Times* was hit with a scandal that its own publisher described as a "low point" in the paper's history. A young reporter, Jayson Blair, was caught fabricating dozens of stories and was promptly fired. A few weeks later, the paper published four full pages detailing Blair's misdeeds, a remarkable effort to correct the historical record, but the story had a more significant purpose. It sent a message to *Times* readers: You can trust us to police ourselves, to hold ourselves to high ethical standards. It was a good effort and a good message, but it didn't go far enough. The story tried to pin virtually all of the blame on Blair alone, without detailing the role of *Times* executives who hired

Blair, promoted him despite warnings from their own editors, and created a newsroom culture that permitted and perhaps even encouraged Blair's career as a con man. The story's notable omissions mitigated the impact of its message of trust and left some readers and critics asking that devilish old question, What are they still trying to hide?

The Public's Perspective

As the example of congressional representatives suggests, one factor that affects trust is personal experience with an institution. All of us have some experience with healthcare. We are *consumers*—members of an insurance plan, people who read and think about our health, people who make decisions about our lifestyle and our healthcare. We are *caregivers,* people who take responsibility for caring for children, elderly parents or some other family member, or a friend. And we are *patients,* people who go to the doctor, enter the hospital, or otherwise submit to the ministrations of healthcare professionals.

Like most of the public, we have personal experience with all three roles. And the experiences didn't always build trust. It was women of Cokie's generation who took thalidomide or DES on their doctor's orders, only to find that the drugs could cause birth defects and other problems. They used contraceptive devices such as the Dalkon Shield, which turned out to have unfortunate—sometimes deadly—side effects and then had to fight the manufacturers in court to get compensation for their injuries. More recently, these women have followed hormone replacement therapy regimens, only to be told that these treatments may do more harm than good. Similarly, large numbers of younger women are now taking fertility drugs. No one knows what the long-term effects of these drugs are likely to be on the health of the women and/or their children.

These missteps are in stark contrast to the times when healthcare providers get it right. Diagnostic tests like Pap smears, mammograms, and colonoscopies help detect problems at treatable stages, saving lives and money and strengthening trust in a system that truly cares about its patients. And often, it's the personal touch of one devoted caregiver that makes all the difference. One Easter a few years ago, Steve badly sprained a knee on the tennis court. Our family physician left his own celebration and met us at the hospital emergency room, examined the knee, relieved Steve's pain, and more important, relieved his anxiety. It is a moment we'll never forget, a moment that reinforced the enduring bond of trust between that doctor and our entire family.

Or take the births of our two children. When Cokie went into labor in the middle of the night with the first one, our ob-gyn told us to go to the hospital and then called ahead, warning the staff to expect us. When he found out that an emergency multiple birth was occupying the entire staff, he raced to the hospital, met us when we arrived, and immediately calmed us down. Two years later, when the second child signaled her imminent arrival (we had changed states and doctors by then), our physician refused to believe Cokie when she said that the baby was