10 Keys to Restoring Trust in Healthcare

Conference Highlights

2023
Thought
Leadership
Retreat

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In Fall 2023, 100 thought leaders gathered in Washington to discuss the state of trust in healthcare.

- Highlights from the conference are presented here.

- To access the full report, visit *hfma.org/TLRreports*

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A REPORT FROM HFMA's 2023 FALL
THOUGHT LEADERSHIP RETREAT

10 Keys to Restoring Trust in Healthcare

IN PARTNERSHIP WITH

AONL | American Organization for Nursing Leadership

PHYSICIAN LEADERSHIP
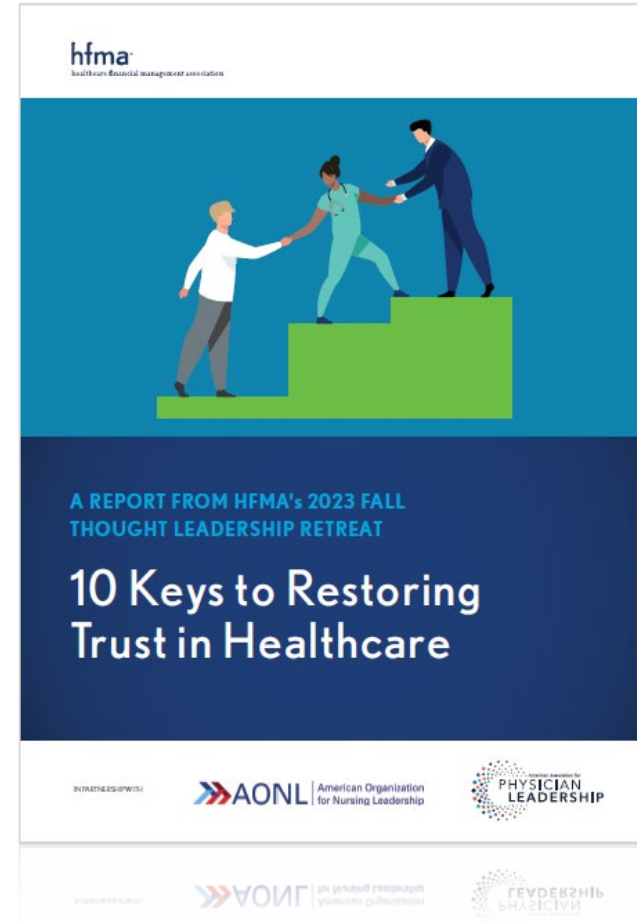
Speakers

PETER ANGOOD, MD, FRCS(C), FACS, MCCM, FAAPL(Hon)
President and CEO, AAPL

CLAUDE BRUNSON, MD, MS, CPE, FASA
Executive Director, Mississippi State Medical Association

DENNIS DAHLEN, FHFMA, CPA
HFMA National Chair and Chief Financial Officer, Mayo Clinic

ALEXANDER DING, MD, MS, MBA
Vice President, Physician Strategy, Humana

CARTER DREDGE
Lead Futurist, SSM Health

STEPHANIE DUGGAN, MD, FAACEP, FAAPL, CPE
Regional President and CEO, Ascension St. Mary's Hospital

C. ANN JORDAN, JD
President and CEO, HFMA

BRUCE LEVY, MD, CPE
Associate Chief Medical Informatics Officer, Geisinger

DANIELLE LLOYD
SVP Private Market Innovations & Quality Initiatives, America's Health Insurance Plans (AHIP)

ZEEV E. NEUWIRTH, MD
Physician Executive and Author

TIM PORTER-O'GRADY, DM, EdD, ScD(h), APRN, FAAN, FACCWS
Senior Partner-Health Systems, TPOG Associates LLC

PURVA RAWAL, PhD
Chief Strategy Officer, Center for Medicare and Medicaid Innovation (CMMI)

Thought leaders perceive a loss of trust in healthcare.

More than 80% of Thought Leadership Retreat participants indicated that patient trust in healthcare decreased between 2020 and 2023.

"Healthcare is a complicated system, so therefore trust and the opportunity to rebuild or restore [it]—that solution has to be systemic."

**- C. ANN JORDAN, JD,
PRESIDENT AND CEO, HFMA**

STAKEHOLDER FEEDBACK

How has patient trust in healthcare changed since 2020?

Increased substantially	0%	0 VOTES
Increased slightly	3%	2 VOTES
Little or no change	5%	3 VOTES
Decreased substantially	30%	19 VOTES
Decreased slightly	51%	32 VOTES
Increased in some groups, decreased in others	11%	7 VOTES

Results were generated from a snap poll of attendees at HFMA's Thought Leadership Retreat, Sept. 28, 2023 (n = 63).

Eroding trust affects clinicians as well as patients.

"What's the number one preferred behavior characteristic of leaders as viewed from the C-suite or as viewed from the front line? Trustworthy.

PETER ANGOOD, MD, PRESIDENT AND CEO, AMERICAN ASSOCIATION FOR PHYSICIAN LEADERSHIP

"When we talk about trust, it really has to be rebuilt from the foundation. It's not about an episodic connection, it's really immersion...

ROBYN BEGLEY, DNP, RN, CEO, AMERICAN ORGANIZATION FOR NURSING LEADERSHIP

"For frontline workers, the visibility, accessibility and believability of executive leadership are critical factors. Employee satisfaction arguably is more critical than patient satisfaction because the former metric is how you ensure optimal care.

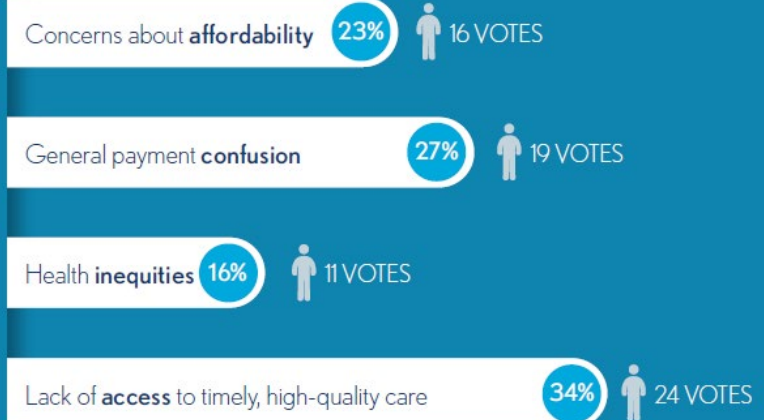**TAKEAWAYS FROM THOUGHT LEADERSHIP RETREAT PARTICIPANTS**

Key #1: Defining the issue

"People who don't trust the system, they just don't seek care and there's going to be higher rates of nonadherence. People are going to end up being sicker, and it's going to cost the country a whole lot more in terms of healthcare costs when they have to come in at a much more urgent stage later on."

ALEXANDER DING, MD, MBA, ASSOCIATE VP FOR PHYSICIAN STRATEGY AND MEDICAL AFFAIRS, HUMANA.

STAKEHOLDER FEEDBACK

Which of the following has the most negative impact on patient trust in the U.S. healthcare system?

Concerns about **affordability** 23% 16 VOTES

General payment **confusion** 27% 19 VOTES

Health **inequities** 16% 11 VOTES

Lack of **access** to timely, high-quality care 34% 24 VOTES

Results were generated from a snap poll of attendees at HFMA's Thought Leadership Retreat, Sept. 28, 2023 (n = 70).

Key #2: Measuring trust

- Go straight to the source—patients—for information on trust levels.

- The U.S. Department of Veterans Affairs can serve as an exemplar.

PHYSICIAN EXECUTIVE AND AUTHOR ZEEV NEUWIRTH, M.D., SEPT. 28, 2023
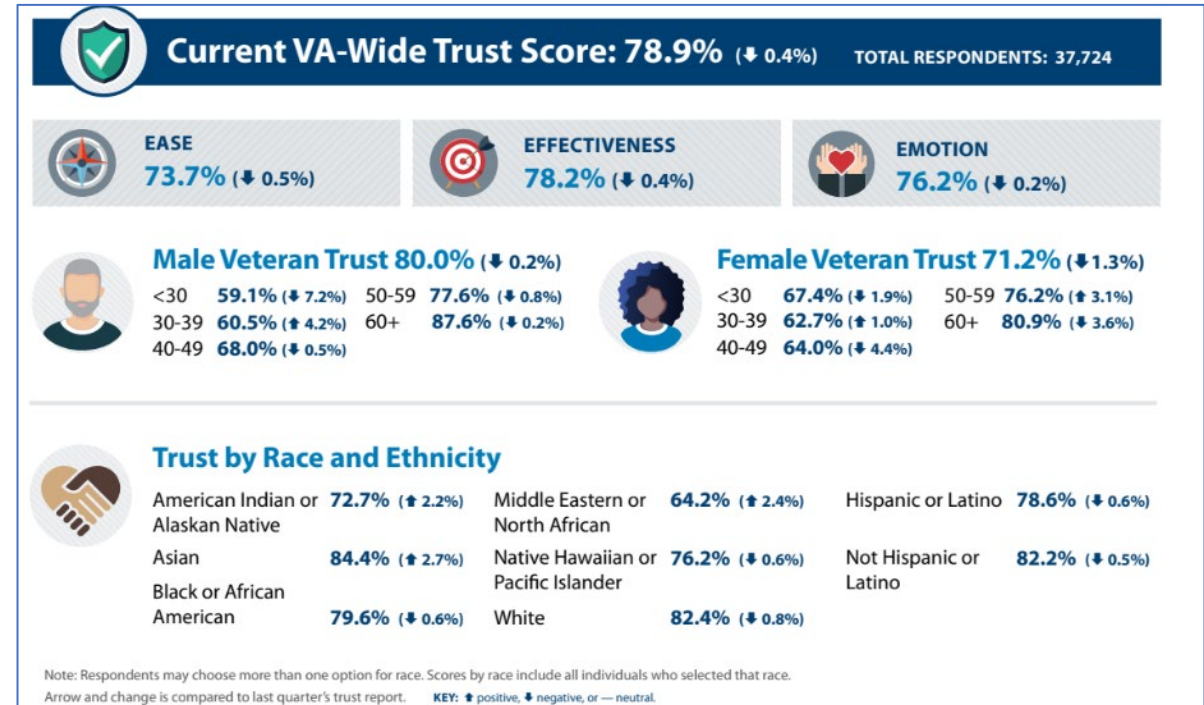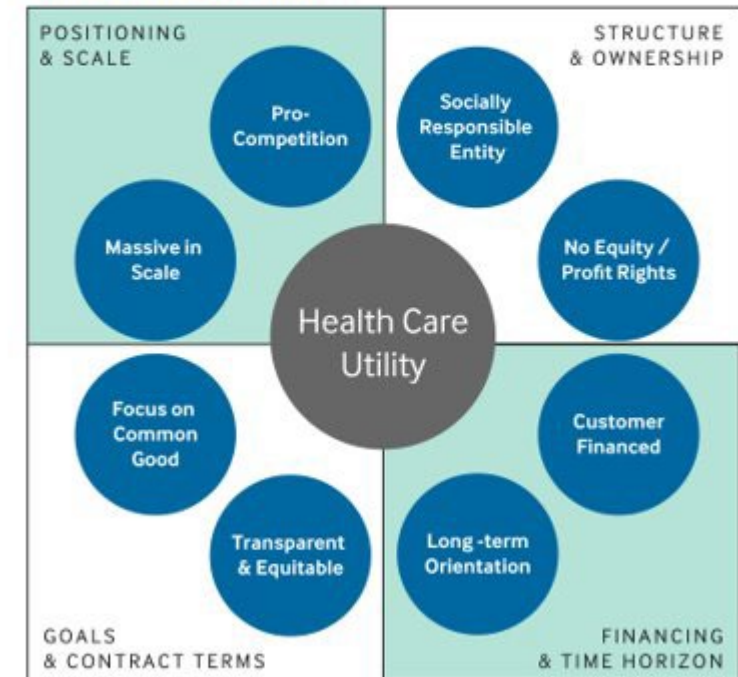
Key #3: Boosting affordability

"…The U.S. [healthcare system] is objectively ranked as the leader in novel scientific innovation…But where we fall short as an industry is in affordability and access and equity."

**CARTER DREDGE,
SENIOR VP AND LEAD FUTURIST,
SSM HEALTH,
SEPT. 28, 2023**

The Health Care Utility Model

The business model for health care utilities addresses four key components: structure and governance, financing and time horizon, goals and contract terms, and market positioning and scale. Core to this is that the health care utility is defined as a self-sustaining non-stock corporation with a social mission, formed by health care institutions to provide essential products and services at the lowest sustainable cost, using a focused, transparent, and scalable business model.

WHAT IS A HEALTH CARE UTILITY?

POSITIONING & SCALE — Pro-Competition, Massive in Scale

STRUCTURE & OWNERSHIP — Socially Responsible Entity, No Equity / Profit Rights

GOALS & CONTRACT TERMS — Focus on Common Good, Transparent & Equitable

FINANCING & TIME HORIZON — Customer Financed, Long-term Orientation

Health Care Utility

Source: Carter Dredge – Senior Vice President & Lead Futurist – SSM Health
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

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Key #4: Increasing value

"I really think of this as making sure patients have a provider that is quarterbacking their care across settings and across other providers to make sure that their needs are being met—not only their medical needs but also their health-related social needs."

PURVA RAWAL, PHD, CHIEF STRATEGY OFFICER, CENTER FOR MEDICARE AND MEDICAID INNOVATION, SEPT. 28, 2023

Source: Oregon Health Authority, "Health-related social needs vs. social determinants of health."

Key #5: Healing the clinicians

Nursing insights about essentials of creating sustainable trust

- Stop regarding nursing as a cost and build the framework for contribution/value.

- Staff/schedule nurses to reflect service demand/capacity and value/contribution to health outcomes.

- Engage nurses in setting strategic priorities and addressing critical service issues.

- Invest in a culture of commitment to retain and sustain nurses.

- Nurses are accountable by statute to society, not to institutions. They are your partners, not your subordinates.

- The CNO represents nursing to the C-suite/board. S/he is not the chief nursing control officer.

- You are leading professionals; learn/use collateral leadership skills.

- If you don't demonstrate trust in nurses, they won't trust you; they will leave you.

**TIM PORTER O'GRADY, DM,
SENIOR PARTNER,
HEALTH SYSTEMS,
TPOG ASSOCIATES LLC,
SEPT. 29, 2023**

Key #6: Improving transparency

- **50%** of commercial health plan enrollees have access to price transparency tools.

- Only **10%** of enrollees are using these tools.

**DANIELLE LLOYD,
SENIOR VP FOR PRIVATE MARKET
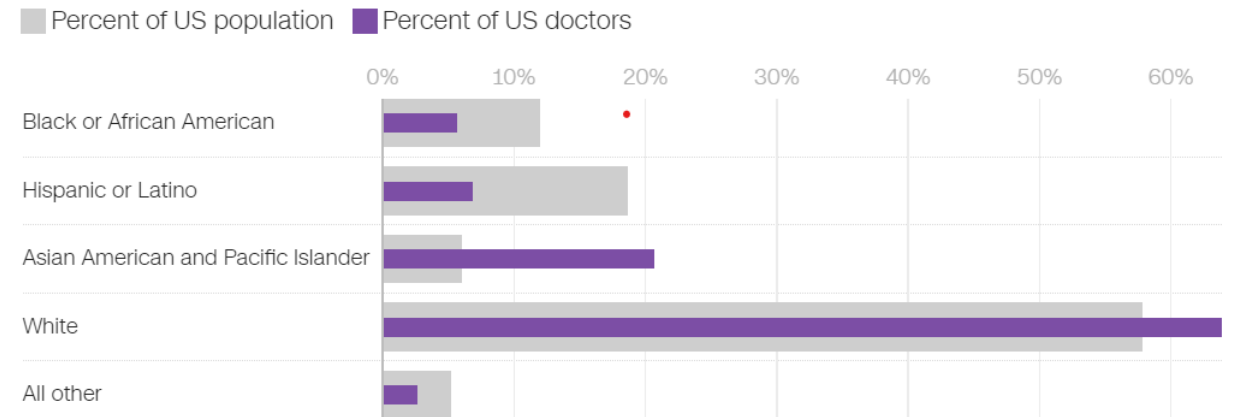INNOVATIONS AND QUALITY INITIATIVES,
AHIP,
SEPT. 29, 2023**

Key #7: Improving equity

"If you're a patient of color and you see a physician of color, you assume to some degree that there is some equity in the system. We haven't seen the diversity in healthcare, in people who are taking care of patients or in the system itself."

**CLAUDE BRUNSON, MD,
EXECUTIVE DIRECTOR,
MISSISSIPPI STATE MEDICAL
ASSOCIATION,
SEPT. 28, 2023**

6% of US doctors are Black or African American, study shows
That's roughly half of the percentage of the US Black population.

Percent of US population ▪ Percent of US doctors

Black or African American
Hispanic or Latino
Asian American and Pacific Islander
White
All other

Note: Except the Hispanic or Latino group, the percentage of US population figures represents each group's share of the non-Hispanic population. The "All other" category for both AAMC and Census data includes people who identify with multiple races, as American Indian or Alaska Native, and all others.

Sources: Association of American Medical Colleges, US Census Bureau
Graphic: Christopher Hickey, CNN

Key #8: Going digital

"[AI technology] is going to rehumanize healthcare."

ZEEV NEUWIRTH, MD

"Digital solutions aren't going to solve our underlying problems. We saw that with the [electronic health record]. You can't slap a technical Band-Aid onto a bleeding wound and expect resolution."

BRUCE LEVY, MD, CPE, ASSOCIATE CHIEF MEDICAL INFORMATICS OFFICER, GEISINGER

EHRs consume most physician time in the average primary care visit

(time shown in minutes)

- ■ Time spent using EHR
- ■ Time spent away from screen

1.6

16.4
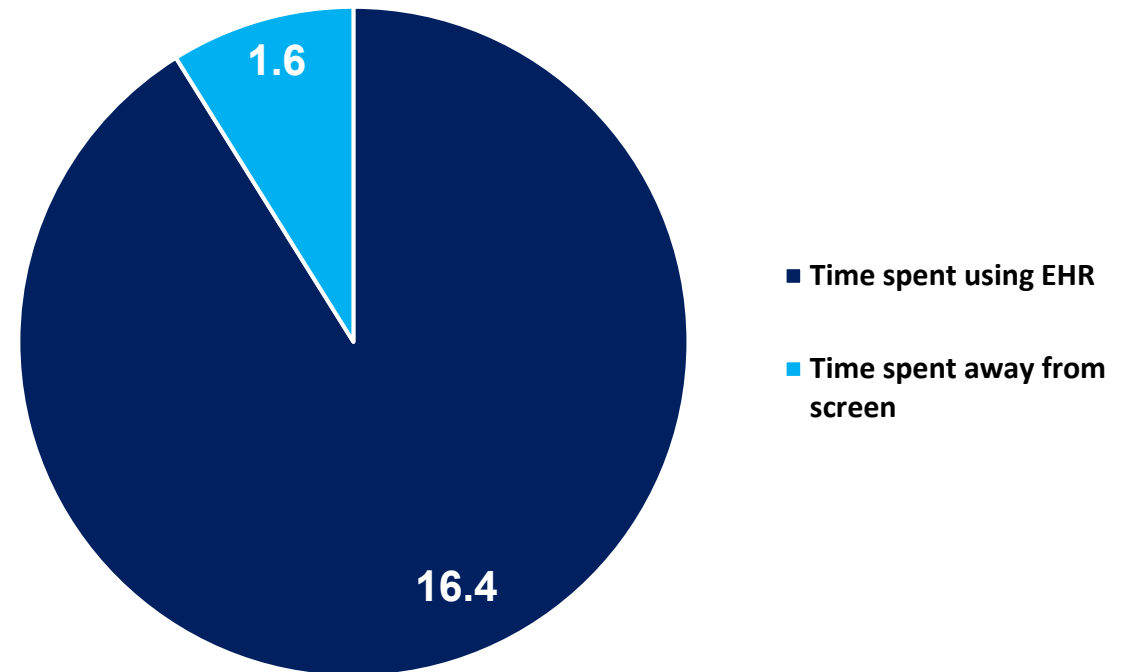
Source: J. Marc Overhage, David McCallie. Physician Time Spent Using the Electronic Health Record During Outpatient Encounters: A Descriptive Study. Ann Intern Med.2020;172:169-174. [Epub 14 January 2020]. doi:10.7326/M18-3684

Key #9: Easing systemic friction

- An ongoing concern of both patients and clinicians is the type of roadblock to care posed by processes such as prior authorization.

- Insurers and regulators understand the reasons for the dissatisfaction.

Q: What one word describes the state of trust in legacy healthcare stakeholders?

Confusion
Inconsistent
Atrisk Eroding Unaccountable Sad Deteriorating
Shaken **Suspicious** Whimsical
Teetering Failing
Hopeless **Tenuous** Distrust
Nonexistent Fragile **Frustrated** Hopeful Strained
Not trusted Confused Dubious
lacking **Uncertainty**
expensive uncertain Mistrust
Improving Weak
Unacceptable Broken
Fractured Dwindling
Decreasing Lukewarm

Key #10: Acting now

" *It's time to stop admiring the problem. Let's get moving.*

ROBYN BEGLEY, DNP, RN

" *We can't allow ourselves to be immobilized by the size and complexity of this problem. We need to just start working on solutions and see where it leads us."*

BRUCE LEVY, MD

" *It requires the desire to be better or—because this is healthcare, it shouldn't just be 'better'— the desire to be great.*
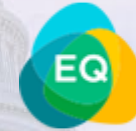
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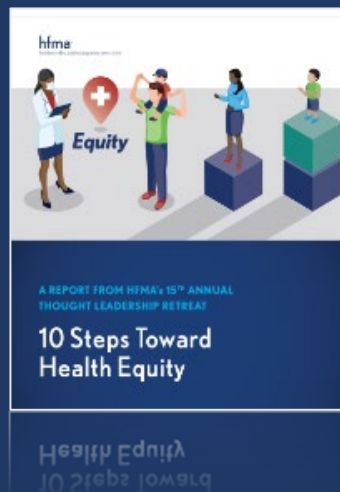
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summary reports are available at
hfma.org/TLRreports

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