

Review & Commentary on Health Policy Issues for a Rural Perspective - December 1, 2023

Restoring Trust in Health Care

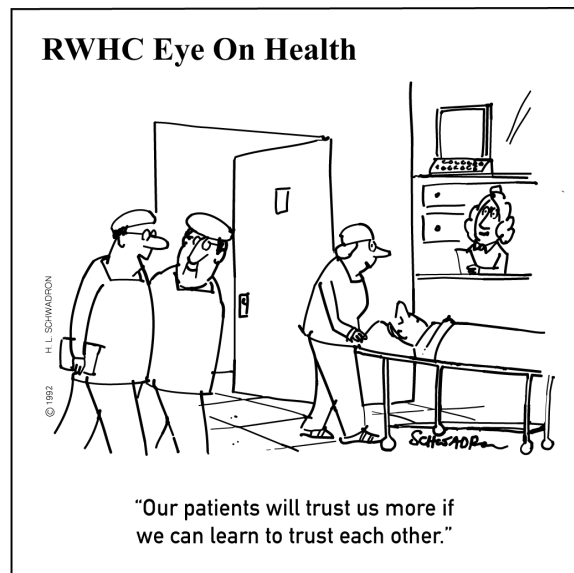
From “Understanding and Improving Trust Across the Health Care Ecosystem,” *North Carolina Medical Journal*, 5/03/23:

“Trust is critical for optimal outcomes in health care, including keeping a healthy and thriving workforce and providing high-quality care. Understanding the issues of trust in health care relationships and addressing threats can improve trust.”

Introduction—“Capable. Reliable. Honest. These words are often used to describe people we trust. Trust is complex—a state between two or more parties involving confidence that the other *can* do the right thing, *will* do the right thing, and will act with your best interest in mind. Trust cannot survive in the absence of any one of these elements. In the *New York Times* essay, ‘Do You Trust the Medical Profession?’, trust is assessed with these three questions: ‘Do you know what you’re doing? Will you tell me what you’re doing? Are you doing it to help me or help yourself?’ These are questions of ability, reliability, and goodwill.”

“While many think of trust as a sociological phenomenon, both genetics and life experiences influence trust in others, and research shows that several hormones, including oxytocin, cortisol, serotonin, and dopamine, affect trust. Of note, these hormones also mediate

stress, and as stress changes the balance of these hormones, trust decreases. Loss of trust may result in poor quality of care and, if standard of care is maintained, loss of trust still may result in anxiety, resentment, anger, and departures from health care relationships.”



“Data on trust in health care is mixed, incomplete, and often focused on patient trust in physicians. However, there is increasing interest in the role of trust across the health care ecosystem. Recent studies show that there has been a decisive decrease in trust in the health care system in the last 60 years. Trust in medical leaders by US residents decreased from 73% in 1966 to 34% in 2012. In 2021, 30% of physicians stated that their trust in the health care system declined due to the COVID-19 pandemic. Trust is likely decreasing because the foundations of trust—ability, reliability, and goodwill—have eroded. In addition, two primary mediating factors of trust—communication and stress—have had additive negative effects. These issues accelerated over the course of the pandemic.”

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Trust Between Clinicians—“Robust relationships with and between members of the health care team have waned as clinicians in outpatient practice stopped seeing patients in the hospital, and encounters between the inpatient and outpatient teams diminished or occurred only through the medical record.”

“Communication through the electronic health record (EHR) is often unsatisfactory, with notes meant for optimizing billing and full of unnecessary information for communicating medical issues. Medical society gatherings and face-to-face hospital staff meetings, where physicians could get to know others practicing in their community, have withered. Clinical teams that used to be stable over time have been replaced with teams that quickly gather and dissolve, sometimes before the entire team can develop a trusting relationship.”

“To improve trust among members of the health care team, we need to increase the opportunities for clinicians to be with each other outside of stressful clinical encounters. Building personal relationships would increase understanding of each other’s values and increase the likelihood of direct conversations when needed in difficult clinical situations. The use of communication tools needs to be optimized so that key information is easily accessible and clear. Excessive documentation should be eliminated, and training should include concise communication skills. We can improve trust among the clinical team by ensuring that team members are prepared for their work both as individuals and as teammates. The team needs to be skilled in interprofessional practice, with each person knowing who their teammates are, and understanding each member’s roles and skills. Everyone needs to be supported to work at the appropriate level for their role. Team formation can be enhanced, even for short-lived teams, and leaders need greater skill in forming strong teams quickly.”

Eye On Health is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the “rural advocate of choice” for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare... assists Members in partnerships to make their communities healthier... generates additional revenue by services to non-Members... ongoing use of strategic alliances in pursuit of its Vision. Tim Size <timsiz@rwhc.com>, Editor, 880 Independence Lane, Sauk City, WI 53583

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Trust Between Clinicians and Administration—“Health care administration takes place in the clinical setting as well as at the system, state, and federal levels. There are numerous reasons that trust has diminished between clinicians and administration. Clinicians and administrators often don’t understand one another’s day-to-day world, and administrative directives may arise with little opportunity for the clinical team to interact with the decision-makers. Mergers and acquisitions of hospitals and health systems have resulted in changing practice patterns, scheduling rubrics, and productivity requirements. If the clinical team does not understand organizational goals, those goals may appear to be for the benefit of the organization rather than clinical care.”

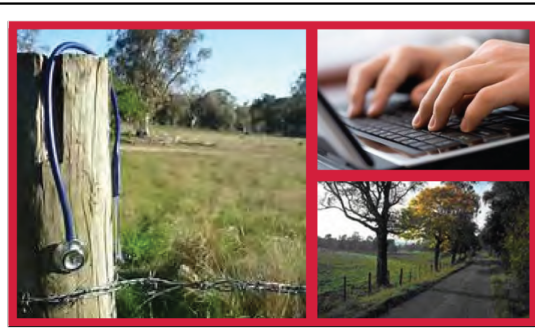
“To improve trust, health systems need to make their goals, strategies, and tactics more transparent to clinicians. In addition, trust would be improved by administration ensuring there are resources to support the implementation of clinical guidelines and quality measures. Clinicians need to express their needs directly and clearly. Improved understanding between clinicians and administrators will help improve the belief in the positive intent of the other party, reducing stress and increasing trust. Administrators and clinicians can spend time with one another so that all parties have a better understanding of the work of the other. Work should be done to align the values of administration and clinical care. Increased emphasis on quality and outcomes over financial and volume-productivity targets will improve collaboration and trust. Administrators and clinicians should feel that they are doing the right thing for the right reason, and the move from pay-for-volume to pay-for-value should be supported and hastened. Collaboration on—and clarification of—new directives will help build trust between administrators and clinicians.”

Patient Trust in Health Care—“Patients trust clinicians when the clinician truly hears the patient’s concerns and demonstrates that they are acting in the patient’s best interest. Time pressure in the clinical setting and unskilled use of electronic tools worsens two-way communication. The ways patients can engage with the health care system have also changed significantly in recent years. Health topics that were not usually talked about in public are frequently discussed openly. Prescription medications are advertised

directly to the consumer. Patient portals, virtual visits, and texting all offer benefits of increased engagement with health care providers but are also in their infancy with regard to best practice. Anyone can access information about a health condition online, so many patients go into a clinical encounter well versed in information they have gained outside the clinical setting that may be accurate, skewed, or incorrect. These changes especially affect members of marginalized populations. As data have become more available, variation in clinical experience among marginalized populations is more visible and adds to skepticism about the goodwill of clinicians and the health care system.”

“Patients feel the changes in the system, especially when they do not understand them. As Lee and colleagues note: ‘Organizations are merging, creating new structures, and adopting new names in place of those known to patients for decades, leading to the loss of familiar brands with trusted reputations. The merging process can also lead to changes in tangible and intangible aspects of the care experience that leave patients feeling like they have changed clinicians even when they are seeing the same clinicians but in a setting that looks, feels, and acts differently.’ ”

“To improve patient trust, clinicians need to take the time to listen and engage with their patients to determine and carry out the appropriate care plan. More needs to be learned about the best ways to utilize the EHR and other virtual tools, and both patients and clinicians will need to adopt best practices. The health care system and clinicians need to focus on understanding and meeting the needs of racial minorities and marginalized populations, since trust is most often lacking in these groups of patients. Systems need to ensure that patients understand the structure of new and merged systems and should function in ways that demonstrate the benefit of these new constructs to the patient.”



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“Patients need to be empowered to find the best information available and develop skills to differentiate good information from bad. Clinicians should recognize that while they may have a knowledge advantage about a clinical condition, the patient has the knowledge advantage about the patient’s own experience. Patients and clinicians need to improve two-way conversations about concerns and plans.”

Addressing Stress—“Stress among the workforce in the clinical setting has increased dramatically due to organizational mergers, inadequate staffing, tight clinical schedules, performance targets, and burdens arising from the EHR. Chaos in a clinical setting—including diminished control and bottlenecks in clinic flow—leads to lower job satisfaction, decreased teamwork and professionalism, more stress, and a higher likelihood of leaving the practice within two years. Chaotic clinics also have higher rates of medical errors and missed opportunities for preventive care.”

“Too much stress has a serious negative impact on trust. Clinicians should have an opportunity to fully understand new administrative constructs and requirements. Clinical sites need to be managed in a way that reduces chaos, clinicians should have the tools to provide needed care, schedules should be realistic, and supports must be in place to streamline the workflow. Emphasis on quality, communicating accurate information, clinician cohesion, and values alignment between clinicians and administration will improve trust. In addition, clinicians and administrators need to practice self-care and be given the time to do so. ‘Found’ time (efficiencies gained by good use of EHR, for example) should be returned to clinicians for clinical engagement or self-care, instead of pushing more patients through the system.”

What can we do to improve trust in health care?—“Federal guidelines, changes in reimbursement, productivity requirements, the unknowns of the pandemic, hospital mergers and closings, and the way people receive their health news all affect stress and trust.

It is no wonder that trust in the health care ecosystem is low. However, we aren't going back to the health care system of the past, and we must learn to build trust in this larger, ever-changing health care climate."

"Trust allows people to feel safe even when they are vulnerable. Lacking trust, people reduce their engagement; patients are more likely to accept and follow physician treatment recommendations when they trust their physicians, and high trust can mitigate disparities in care. **Teams are more effective when the team members trust each other, when clinicians trust their health care organizations, and when patients can be moved through systems more effectively. Every participant in the health care ecosystem can learn knowledge and skills that will improve trust.**"

"We need to learn more about trust in health care. There is a growing body of literature on the topic, and more research needs to be done. Where are the weak points, how are they changing over time, and what is causing changes in trust? To slow and reverse the decline in trust, we need to focus as much on trust as we do on quality of care. We should survey administration, clinicians, patients, and their families on trust as well as on outcomes and satisfaction. Identifying specific factors that undermine trust can pinpoint areas to target for improvement."

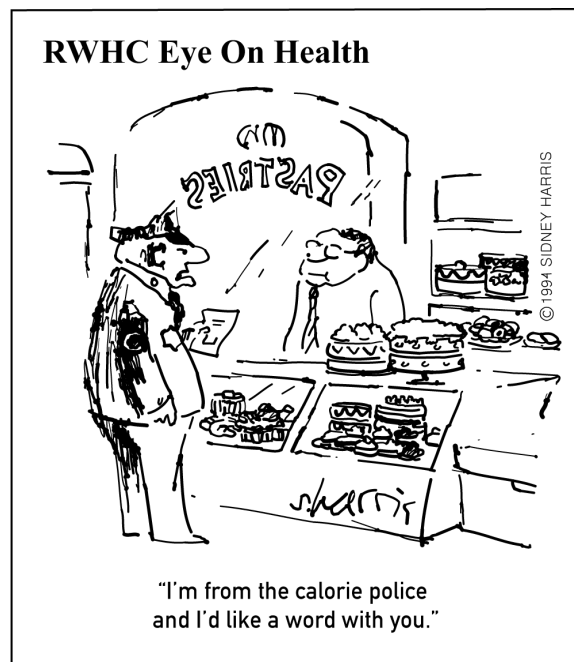
"Finally, the pandemic has certainly affected trust across the world and within health care. The opportunity to witness the emergence of a disease as well as the resulting evolution of knowledge, treatment recommendations, and questions of politicization, all can lead to reduced trust in health care. We need to gain more understanding of the ways that trust has been challenged by the pandemic and work to improve trust so that the health care ecosystem will be more resilient in the future."

Good Stewardship Offers Us Some Time

From "60 Wisconsin hospitals lost money in 2022," by Margaret Faust, *Wisconsin Public Radio*, 10/30/23:

"Wisconsin hospitals are facing financial challenges as inflation drives up costs, COVID relief funding dries up and increases in Medicare and Medicaid reimbursement are falling short, according to an industry report."

"While hospitals as a whole across the state did not lose money in 2022, net revenue across the industry was lower than the previous year, according to an annual report by the Wisconsin Hospital Association (WHA)."



"I'm from the calorie police and I'd like a word with you."

"Sixty hospitals lost money in 2022, compared to 21 the previous year, as costs rose faster than revenue."

"Brian Potter, senior vice president of finance at the WHA, said the situation isn't a big cause for concern unless this downward trend continues. He said the industry is trying to find ways to control costs while working toward long-term solutions."

"'Being good stewards of those resources buys them some time to figure some of this stuff out,' Potter said. Supplies and services are a hospital's biggest expense, and those costs are rising. According to the report, those expenses have climbed 26.7 percent since 2019."

"Salary and fringe benefits are hospitals' second-highest expense, making up 42 percent of their costs. Since 2019, total wage and benefit expenses have risen by 13.51 percent, according to the WHA. A workforce burned out by the demands of the pandemic means healthcare workers who stuck it out are seeing pay raises."

“During the pandemic, the healthcare industry was boosted by federal aid including the Coronavirus Aid, Relief, and Economic Security Act. The COVID-19 national emergency ended and so did some programs. The second and final round of COVID-19 relief funds were distributed to Wisconsin municipalities last year.”

“Tim Size, executive director of Rural Wisconsin Health Cooperative, said the federal funds helped hospitals make it through COVID, but financial challenges beyond the pandemic are continuing.”

“ ‘We’re by no means out of the tough time,’ Size said.”

“Potter said the industry is working to maintain quality of care despite rising costs.”

“ ‘The level of care can’t go down because of some of these dynamics,’ Potter said.”

“Wisconsin ranked among the nation’s top four states for its quality of care. A majority of Wisconsin hospitals evaluated scored at the five-star or four-star level, which was a 15 percent improvement from 2022.”

“Medicare and Medicaid payments make up more than half of hospitals’ income. But the industry has long complained that reimbursement rates fall short.”

“ ‘However efficient we can be, those costs are going up because our state’s becoming older,’ Size said.”

“Wisconsin’s 2023-2025 biennial budget increased Medicaid reimbursement for hospitals to bring it closer to the actual cost of care.”

“Potter said strategies to lower operating costs could include training people from within, sharing resources between hospitals and streamlining processes like telehealth.”

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“ ‘Those things are going to evolve over time out of necessity, but it’s kind of a multiple-prong strategy to get us through this challenge that we’re at right now,’ Potter said.”

“Size said more investments need to be made upstream, childcare and public health is necessary.”

“ ‘When people are feeling besieged in their institution, the instincts are to kind of go inward.

And what we really need to do is the opposite—work in partnership with others outward,’ Size said.”

Growing Lancaster Update

From “Diversity Builds Economic Growth,” Wisconsin Office of Rural Prosperity, downloaded 11/1/23:

“Community leaders in Lancaster, in Wisconsin’s southwest corner, began to worry about the city’s economy. They noticed jobs sitting vacant, stagnant school enrollment, an aging population, and a lack of affordable housing. Nearby cities were attracting Spanish-speaking residents to fill workforce needs, but Lancaster wasn’t. Leaders of the city’s largest employers, Grant Regional Health Center and the global packaging company Amcor, began meeting in 2022 to brainstorm ideas to attract more people to Lancaster. ‘If we’re going to grow, we’re going to need a diverse workforce,’ says Dave Smith, president and CEO of Grant Regional Health Center.”

Launching a community effort—“A committee took shape and gave itself a name that defined its mission: Growing Lancaster. Representatives from business, industry, health care, government, education, and banking started meeting once a month, brainstorming ideas to add diversity. Less than 2% of Lancaster’s approximately 4,000 residents belong to racial or ethnic minorities, according to 2021 U.S. Census Bureau data. The committee set its sights on attracting Latino

families—one of the fastest-growing population segments in the U.S., as well as in several neighboring Wisconsin communities. To bring those residents to Lancaster, the community knew it would need to make this cultural group feel welcome and provide amenities to meet their unique needs.”

“Grant Regional Health Center had already hired a bilingual physician. After a focus group with Spanish-speaking employees at a nearby farm, the Growing Lancaster steering committee used recommendations that emerged from the session to establish its top priorities: Offer English language classes, provide banking assistance, and open a grocery store.”

“Southwest Wisconsin Technical College and Amcor came through with funding for English classes, and Spanish classes are now available at the hospital and for individual business owners. Growing Lancaster held a Welcoming Week, in conjunction with the Lancaster Area Chamber of Commerce’s outdoor market, featuring music and a city proclamation that declared:

‘Welcoming Week is about bringing neighbors together across lines of difference to build relationships and work together on shared goals.’ Local businesses posted welcome signs and window clings, and staff wore welcome buttons in several languages. The initiative also included creation of a banking access guide.”

“A partnership between the City of Lancaster and the Madison-based Wisconsin Management Company—along with a \$3.4 million grant from the Wisconsin Neighborhood Investment Fund and a \$600,000 loan from the Great Day in the City of Lancaster Fund—has enabled the construction of new apartments to combat the housing shortage. Two 20-unit apartment buildings are expected to open in 2024 for residents earning up to 80% of the median income. ‘It will be a place for folks to get a start,’ Smith says.”

“Opening a grocery store for the Latino population will take a bit longer. Growing Lancaster is still trying to find the right entrepreneur to undertake this effort and is hoping to make a connection through the Wisconsin Latino Chamber of Commerce in Madison or with Latino grocers in the nearby communities of Darlington, Fennimore, Boscobel, and Platteville.”

Building diversity through inclusion—“It may be too soon to measure results with hard data, but Smith says he believes Growing Lancaster already is making an impact. More businesses want to get involved, and Smith says he has recently noticed more people speaking Spanish in the city’s parks and more Latino family gatherings in the community.”

“‘This is a big community effort. Everyone is pitching in to make this work,’ Smith says.”

“Next steps include more involvement with the school district, highlighting opportunities for immigrant entrepreneurs, and conducting another focus group to set priorities for 2024, says Marie Barry, director of community economic development for the Rural Wisconsin Health Cooperative.”

“Lancaster Mayor Stuart Harper says he hopes to see residents build relationships that make Latino newcomers feel included in the community. ‘It’s accepting new people and welcoming their differences. We hope to ensure that all families are welcome in our community, and that they feel accepted, secure, and connected,’ he says.”

Leadership Insights: “First Impressions”

The *Leadership Insights* series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at www.RWHC.com.

Below is an article by Jo Anne Preston, reprinted with permission from the Business of Primary Care, <https://www.thebusinessofprimarycare.com/>, 11/23:

“A friend of mine went to a clinic visit with his wife recently to support her in getting screened for depression. The medical assistant (MA) came out to the waiting room to get them—with blue hair, a nose ring, multiple tattoos, and a gender vague name tag to match their demeanor. Walls went up automatically.”

“And yet... This MA showed care and concern, even sharing that they had ‘been where you are’ with depression, reassuring my friends that they had come to

the right place for help. In the end my friends said, ‘All that exterior stuff fell away. What mattered was that they were able to convey compassion.’”

“First impressions have always gotten a lot of attention, but I’m going to push back a bit and suggest that what happens after that first impression (aka unconscious bias) might need more focus. This MA, I’ll call them ‘Bleu,’ was able to create a safe space for the patient and family member that overcame their initial judgment. Let’s explore how they did that, and how you and your team can focus on this too:

Build psychological safety. An employee who feels heard, appreciated, and valued by their leadership is in the right place to recreate that safety for patients. Safety is knowing that someone has your back, and an employee who truly feels your support will represent you well with patients. Build safety with employees by soliciting and listening to their ideas, by sharing your own stories, and creating relationships of trust with them. Role model and reward risk taking – meaning sticking your neck out to share new ideas, going the extra mile, trying something new to make a process better.

Foster a sense of belonging. Psychological safety is the platform from which belonging is built. Bleu may not ‘fit in’ with their style, but being accepted for who they are, they can experience that sense of belonging. Would your employees say, ‘I’m supposed to be here,’ when they talk about how they experience the workplace? It matters. ‘The Value of Belonging at Work,’ from *Harvard Business Review* (Carr et al., 2019) confirms that workplaces with a high sense of belonging have a:

- 50% Drop in Turnover Risk
- 75% Reduction in Sick Days
- 56% Rise in Job Performance
- 167% Increase in Employees Willingness to Recommend

Some actions you can take to build a belonging culture:

- Start with making a big deal of socializing them even before they start. Have a manager or preceptor meet new employees for coffee before day one to get to know them.
- Build your preceptor program so they have support from their peers.
- Use stay-interview questions regularly, for example, ‘What is one thing that would make you still want to be working here in one year? What is one thing that would make you not want to?’
- Engage your team in a discussion: ‘How can we all create a sense of belonging for everyone? What actions can we take that show we accept people for who they are?’ They’re more likely to embrace the ideas when they are empowered to come up with them.

Show compassion. ‘Compassionomics’ reveals research that truly **communicating compassion takes about 40 seconds** and that it is a minute that matters. (<https://www.compassionomics.com/>). Even though we hear the phrase ‘compassion fatigue,’ true compassion doesn’t cause burnout; lack of compassion does. Compassion connects us, empowers us, and gives us

hope. When you show compassion—and foster the demonstration of it in your team—it improves patient engagement and compliance with treatment recommendations. That leads to better patient outcomes and impacts the bottom line. Bleu made their compassionate connection that made the difference with my friends when they said, ‘I’ve been where you are. It’s hard. You came to the right place, and we’re going to be with you to get through this.’

Build competence, which leads to confidence. ‘Patients will sense staff confidence and be reassured by their competence. We expect a LOT from folks on the



front lines who have significant initial interaction with a patient. Hard truth—whatever you are doing to onboard new employees, double it. Triple it. Invest in increased onboarding, mentoring, buddy system for learning, and time allotted to learning. I know, everyone is busy. But if you want to retain people, create a workday where they can shine and use their best talents confidently.’

Manage up. ‘Lead the way in shining light on your colleagues. Start team meetings or huddles with, ‘*Who has someone they’d like to recognize today?*’ It may start quietly, but once you get rolling, people will get that we look for the good and it will reinforce it. Then it becomes easier for someone like Bleu to say, ‘*You are going to see Dr. X today—you are in such good hands. Dr. X is a patient favorite because they have a ton of experience in helping people see the light at the end of this tunnel of depression.*’ This is an incredible skill to build patients’ trust in us, and it’s one we can teach people to do meaningfully when it comes from a place of trusting relationships.’

What’s after the first impression for you and your team?”

Find your way to the *Business of Primary Care* podcast with Jo Anne Preston’s interview on strategic leadership: <http://bit.ly/3sddG20>

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For info re the RWHC Leadership Series go to www.RWHC.com/Services.aspx or contact Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

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