Building Patient Trust

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Trust in Health Care

• A set of expectations or beliefs that physicians and health care institutions will behave in a certain way
Placement of Trust

Individuals = Interpersonal Trust

Collective Institutions = Institutional Trust
Trust Me, I’m a Doctor
Interpersonal Trust

- Trust in a known physician

- Based on repeated interactions through which expectations about a person’s trustworthy behavior can be tested over time.

- Considered a prerequisite for many aspects of effective care
Institutional Trust

- Trust in health care institutions and the profession of medicine

- Influenced broadly by media exposure, general reputation and confidence in social institutions generally

- Frames the relationship between physician and patient
Both Types of Trust

- Acceptance of recommended care
- Physician satisfaction
- Duration of relationship with a physician
- Self reported health improvement
- Willingness to give the physician control in a relationship
What Influences Interpersonal Trust?
EVERYBODY LIES
TRUST ME
I'M A DOCTOR
T rusting and Distrusting YOU

• Trust
  – Technical Competence
  – Interpersonal Competence

• Distrust
  – Focus on Profit
  – Focus on Medication
Thanks, Doctor, I feel like you really understand me.
Competence is Crucial

– “There has to be gentleness. You have to establish a relationship with your doctor at a level lets say of friends. Because you won’t tell to [just] anyone I have something here, or I have another thing there.”
"You can't have your baby today, Mrs. Bolls. Dr. Caruthers is speaking at the medical convention on 'Building Patient Trust'."
Patients are Insightful

- “I don’t trust the doctor because when I arrived there he already has my prescription done. He doesn’t give me the chance to explain to him what I am feeling and that happens with a lot of doctors.”
"And now some expensive tests to see if the cheap ones we ran were accurate..."
Focus on Profit

– “I really don’t trust the doctors that they really care about me because you know if you don’t have insurance, if they don’t see where they can be paid, they are really not interested in you.”

– “I think it is going back to making money. They are not caring. It’s just money.”
What Influences Interpersonal Trust?
indicates presence of factor contributes to trust and/or distrust

indicates absence of the factor contributes to distrust

* Determinants that contribute to trust and distrust across all 3 racial/ethnic groups

Figure 1: Model of the Factors Influencing Institutional Trust and Distrust In Health Care Across African American, Hispanic, and White Populations
Does it Matter Who You Are?
Mr. Phillip’s Story
Figure 1: Model of the Factors Influencing Institutional Trust and Distrust in Health Care Across African American, Hispanic, and White Populations

Health Care*
- Appropriate Diagnosis
- Treatment
- Results
- Safety

Physician Interaction*
- Communication
- Empathy, Competence, Attention
- Continuity of Care

Treatment by Staff*
- Attentiveness, Courtesy, Respect
- Communication

Institutional Goals*
- Teaching/Non-teaching
- Perceived profit motivation

Additional African American Determinants
- Racial discrimination
- Expectations of experimentation

Additional Hispanic Determinants
- Language-based discrimination
- Language Barriers

→ indicates presence of factor contributes to trust and/or distrust

--- indicates absence of the factor contributes to distrust

* Determinants that contribute to trust and distrust across all 3 racial/ethnic groups
Fear of Experimentation

– “I feel like trust is important but I know that doctors are experimenting…

– “I know about the experiments that they were conducting on Black people years ago. That just has an affect [on trust].”
Tuskegee Syphilis Study
Differential Treatment

– “The tone of voice. Their whole demeanor changes to me… when they treat someone white as opposed to me… They want to make sure they are OK.”

– “There is a lot of hospitals in the city are racist hospitals.”
Speaking Your Patient’s Language

– “…you feel more comfortable with a doctor that speaks your same language because in that way they can explain to you better and you can understand them more.”

– “The language is a very basic issue because [if] the doctor speaks a little Spanish and the patient speaks a little English there are times when it can get lost, then the trust gets lost…”
"If you trust your search engine more than you trust me, maybe you should switch doctors."
The Import of Trust

• It impacts both patients and physician behavior
  – “If you don’t have no trust you don’t want nobody doing something to you that you can’t trust.”
  – “If you don’t have trust in your doctor you know he is not going to do well examining you and let you know what is going on with you.”

• Distrust is a barrier to care
  – “I think a lot of times it is probably what keeps us from going to the doctor in the first place is because we don’t trust.”
Previous Negative Experiences

• “In the past five years, have you had a health care experience you considered to be bad or negative?”

• If yes: “How often have you done the following thing(s) because of that bad experience?”
  • never, rarely, sometimes, always
Percentage of Participants who Self-Reported "Sometimes" or "Always" Changing the Individual Behaviors (n=157)

- Only go to the ER for tx: 35%
- Didn't follow the Dr.'s advice: 38%
- Stayed with Dr. but trusted less: 40%
- Didn't go for tx the next time ill: 41%
- Didn't go for tx even though you thought you needed: 41%
- Stopped tx or going to the Dr. entirely: 45%
- Didn't return for next appt: 47%
- Stopped going to hospitals as often as should: 55%
- Changed doctors: 56%
- Changed hospitals: 64%

10 items on Negative Healthcare Experience Scale
Race/Ethnicity Matters, but Experience Does Too

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Institutional Trust (%)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>High 60.6</td>
<td>Low 39.4</td>
</tr>
<tr>
<td>African-American</td>
<td>High 46.5</td>
<td>Low 53.5</td>
</tr>
<tr>
<td>Mexican-Hispanic</td>
<td>High 39.0</td>
<td>Low 61.1</td>
</tr>
</tbody>
</table>

- In multivariate models Race and Reporting a Previous Negative Experience were significantly related to Institutional Trust*

*Controlling for Age, Gender, Marital Status, Employment Status, Family Income, Educational Level, Insurance Status, # Annual Visits to Doctor, Avoidance of Care due to Cost and Previous Negative Health Care Experience
Institute of Medicine Report
“Unequal Treatment”

• March 2002

• Socioeconomic factors contribute to disparities
  People of color receive lower quality of care

• Uncertainty, time-pressures and resultant
  reliance on unconscious stereotypes by
  healthcare workers may contribute to disparities
Building Trust

• Don’t take mistrust personally---but be personally responsible for overcoming it

• When you sense fear or resistance, respectfully explore where it is coming from

• Become conscious of the importance of the unconscious

• Ask questions and be curious about your patients

• Be patient
Unconscious Bias

- Physicians did not endorse explicit preference for white over black patients

- Measure of implicit bias showed favoring of white patients and stereotypes of black patients as less cooperative

- As implicit bias towards white patients increased so did the likelihood of treating white patients and not black patients with thrombolysis when appropriate

Green AR, et al. Implicit bias among physicians and its prediction of thrombolysis decisions for black and white patients. JGIM. 2007;22(9):1231-8
Renal Transplantation

• African-Americans are less likely to receive renal transplants.

• Disparities in rates of referral, and likelihood of being placed on the waiting list persist after adjustment for patient preferences, expectations, sociodemographics, type of dialysis facility and health status.

Figure 1. Referral for Evaluation at a Transplantation Center and Placement on a Waiting List or Receipt of a Renal Transplant within 18 Months after the Start of Dialysis among Patients Who Wanted a Transplant, According to Race and Sex. Ayanian et. al, NEJM, 1999
La Veist, Nickerson KJ, Bowie JV. Attitudes about Racism, Medical Mistrust, and Satisfaction with Care among African American and White Cardiac Patient. *Med Care Res Rev.* 2000;57:146-161

<table>
<thead>
<tr>
<th>Variable</th>
<th>Black</th>
<th>White</th>
<th>Black-White Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients have sometimes been deceived or misled at hospitals</td>
<td>51.4</td>
<td>42.4</td>
<td>1.21*</td>
</tr>
<tr>
<td>Hospitals often want to know more about your personal affairs or business than they really need to know</td>
<td>39.2</td>
<td>24.1</td>
<td>1.63*</td>
</tr>
<tr>
<td>Hospitals have sometimes done harmful experiments on patients without their knowledge</td>
<td>50.6</td>
<td>26.0</td>
<td>1.95*</td>
</tr>
<tr>
<td>Rich patients receive better care at hospitals than poor patients do</td>
<td>57.8</td>
<td>30.2</td>
<td>1.91*</td>
</tr>
<tr>
<td>Male patients receive better care at hospitals than female patients do</td>
<td>9.6</td>
<td>6.1</td>
<td>1.57*</td>
</tr>
</tbody>
</table>

*p < .001.
Cardiac Care

- African-Americans are less likely to be referred for cardiac procedures

Source: Kaiser Family Foundation/American College of Cardiology Foundation
The Public’s Perceptions of Discrimination in Healthcare

Do you think most African Americans receive lower quality, the same quality or higher quality health care as most whites?

Whites Say  
- 23% lower quality
- 67% same quality

African Americans Say  
- 64% lower quality
- 27% same quality

Do you think most Latinos receive lower quality, the same quality or higher quality health care as most whites?

Whites Say  
- 27% lower quality
- 59% same quality

Latinos Say  
- 56% lower quality
- 38% same quality

Black bars= lower quality; white bars=same quality

Source: Kaiser Family Foundation, 1999 (Conducted July to September, 1999)
Physician’s Perceptions of Discrimination in Healthcare

Generally speaking, how often do you think our health care system treats people unfairly based on...

- **Whether or not they have insurance**
  - Doctors: 31% very often, 41% somewhat often
  - The Public: 39% very often, 31% somewhat often

- **How well they speak English**
  - Doctors: 9% very often, 34% somewhat often
  - The Public: 18% very often, 40% somewhat often

- **What their race or ethnic background is**
  - Doctors: 6% very often, 23% somewhat often
  - The Public: 13% very often, 34% somewhat often

- **Whether they are male or female**
  - Doctors: 2% very often, 13% somewhat often
  - The Public: 6% very often, 21% somewhat often

Black bars = very often; white bars = somewhat often.

*Source: Kaiser Family Foundation, National Survey of Physicians 2001 (Conducted March to October, 2001)*