

Niyum Gandhi, CFO and treasurer,  
Mass General Brigham, Boston

# RESTORING TRUST IN HEALTHCARE

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A distrust of vaccines and medicine in general emerged and grew along with the pandemic.

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# RESTORING TRUST IN HEALTHCARE

With accelerated erosion of faith in the system, healthcare leaders see an urgent need to reconnect with patients.

BY JENI WILLIAMS  
HFMA Contributing Writer

**A**s consumers' confidence in healthcare organizations falters — whether due to access challenges, opaque pricing, missteps in responding to the pandemic, misinformation, healthcare inequities or some other reason — a large proportion of organizations are working to deepen connections with their communities.

## How trust issues affect healthcare organizations

A breakdown in healthcare trust runs deep and includes the following ramifications:

- Those with lower levels of trust in the healthcare system are less likely to engage in preventive care or to receive COVID-19 vaccines.
- Nearly 80% of patients said they will not return to the same provider if an experience causes them to lose trust.
- Lack of trust is associated with nonadherence to patient treatment plans.
- Consumers with higher levels of trust are more likely to accept changes in experts' recommendations for their care, such as when scientific discovery calls for a new approach to treating chronic disease.

Sources: Brown School of Public Health and Microsoft AI for Health; Deloitte; 2022 Edelman Trust Barometer; and *International Journal of Environmental Research and Public Health*, April 18, 2021.

COVER PHOTO BY MARSHALL CLARKE

Since the COVID-19 pandemic emerged, the level of trust in the healthcare ecosystem has grown more volatile, research shows, with race and ethnicity, income level and gender impacting the level of trust.

Now, there is evidence that declining trust affects health outcomes — intensifying the need for leaders to restore trust in care systems, services and teams.

“It’s important for us to be thinking about how we build better trust with consumers and our patients,” said Niyum Gandhi, CFO and treasurer, Mass General Brigham, Boston. “If we let trust erode, it will play out through worse health outcomes; because if we can’t earn their trust, we won’t be able to do as good of a job in providing the best care we can for those who need it.”

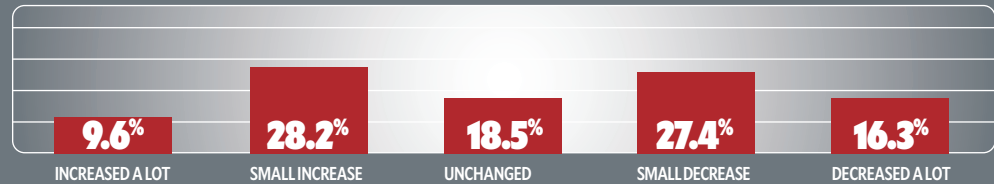
To secure higher levels of trust, healthcare leaders must consider the extent to which trust may have eroded during the pandemic, the areas where breakdowns in trust exist and the steps their organizations should take to maintain or restore trust.

Nearly half of U.S. consumers say they are less confident in the healthcare system’s ability to manage major health crises than they were before the pandemic, according to the 2022 Edelman Trust Barometer. Fifty-five percent say a negative healthcare experience caused them to lose trust in their healthcare provider, another survey found, while more than a third of respondents had skipped care because they did not like the way they were treated by a healthcare provider.

## THE STATE OF TRUST IN HEALTHCARE

In spring 2022, HFMA surveyed more than 150 healthcare finance leaders to gain their perspective on the extent to which consumers’ trust in healthcare has shifted during the pandemic. Forty-four percent of leaders believe patient trust has decreased in healthcare since the pandemic began, with 16.3% saying it has decreased “a lot.”

**Survey Question:** Since the pandemic began, how has patient trust in healthcare changed?



### SIDE EFFECTS FROM THE PANDEMIC

“During the pandemic, patients began to raise greater concerns about whether their expectations were being met at some of the most emotional points in their lives,” said Jason Wolf, president and CEO of The Beryl Institute, which is committed to transforming the human experience in healthcare. People’s expressed comfort with healthcare — and by extension, their trust in healthcare — has been challenged.

Nearly one out of four consumers surveyed by The Beryl Institute in March 2022 said the pandemic had changed their perspective of hospitals for the worse, Wolf said

Consumers aren’t the only ones to change behavior patterns or preferences in response to broken trust. A 2021 poll found one-third of physicians did not trust their healthcare organization’s leadership. Among nurses, 46% either do not believe their employer values their mental

health or are neutral on this point, an American Nurses Association survey indicates.

Among the biggest drivers of consumer distrust from healthcare leaders’ point of view are financial concerns: general payment confusion (58%), surprise billing (39%) and lack of price transparency (26%).

“We’ve certainly made affordability the burden of the consumer,” Gandhi said. “Healthcare is the largest component of [non-housing spending] for most families, and yet, while most industries moved rapidly toward a consumer orientation — where consumers know what to expect and how much a service will cost at each point in their journey — healthcare has been slower to adapt.”

Breakdowns in information sharing undermine the trust that patients have in their physicians, hospitals, health plans and other key stakeholders.

“There is frustration over the lack of a consumer



“  
We have to get back to that human, relational aspect of care.”

— Jason Wolf, president and CEO of The Beryl Institute





“

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— Mark Rukavina, program director for Community Catalyst

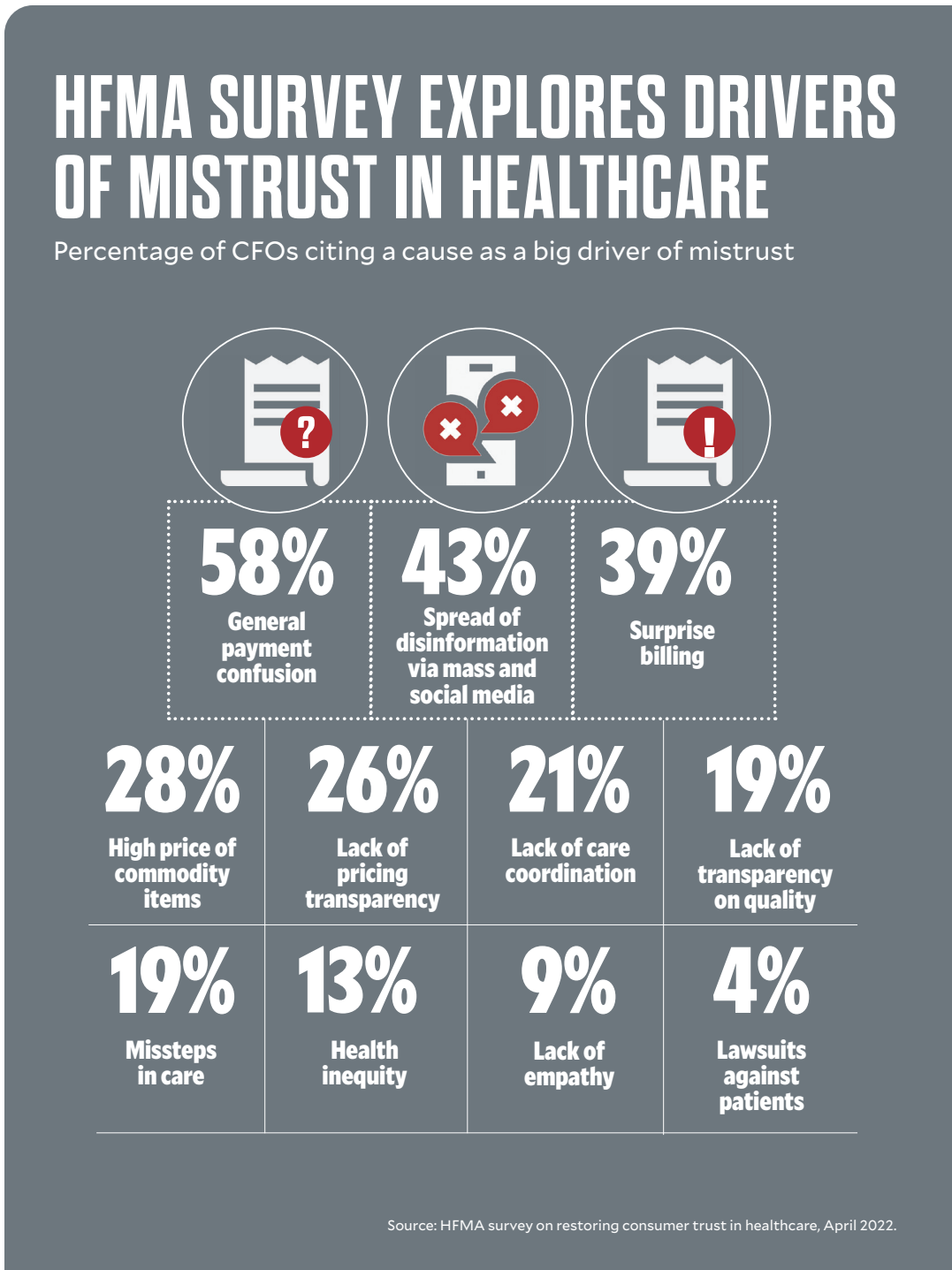
orientation in healthcare and an inability to get consumers the information they need, including around cost, in a timely manner,” Gandhi said.

**MISINFORMATION LINGERS AND INEQUITIES QUESTIONED**

Healthcare organizations also continue to feel the impact of health misinformation during the pandemic. Four out of 10 leaders surveyed by HFMA cited the impact of the spread of disinformation on consumer trust. It’s an issue that affects not only whether consumers seek care, but also the morale of care teams and the efficacy of health interventions, including the public health response to the pandemic.

Evidence of health inequities, too, has sparked tough conversations about equity in care. A survey by the American Board of Internal Medicine Foundation found 59% of U.S. adults believe the nation’s healthcare system discriminates “at least somewhat,” and 49% of physicians who took the survey agree.

Meanwhile, an increasing number of women and patients of color are sharing stories of medical gaslighting or times when their conditions are dismissed as either minor or psychological in nature. They





point to studies that show women wait longer for an accurate diagnosis than men and that people of color receive less care and poorer-quality care.

“For many people — people of color and historically excluded populations in particular — the pandemic brought to light disparities in care and structural racism that led to higher rates of COVID-19 infection and poor health outcomes from the virus,” said Mark Rukavina, program director for Community Catalyst, a consumer health advocacy organization. “This fueled huge trust issues among specific populations. While conversations around how to address these disparities are occurring across the country, solving this challenge will take time and input from multiple stakeholders.”

**THE INDIVIDUAL’S ROLE**

“Relationships of trust are built between individuals. In healthcare, trust has a lot to do with reliability: Whether we follow through with what we say we’ll do,” said Steven Edwards, who retired as of June 1 as president and CEO of CoxHealth, headquartered in Springfield, Missouri. Even when consumers question the reliability of science — such as whether to trust in the COVID-19 vaccine — or of the nation’s healthcare system, opportunities to strengthen care connections at the community level remain.

“I was at the hardware store recently when a man came up to me and told me the story of how he was able to get in to see one of our cardiologists within a day,” Edwards said. “He doesn’t



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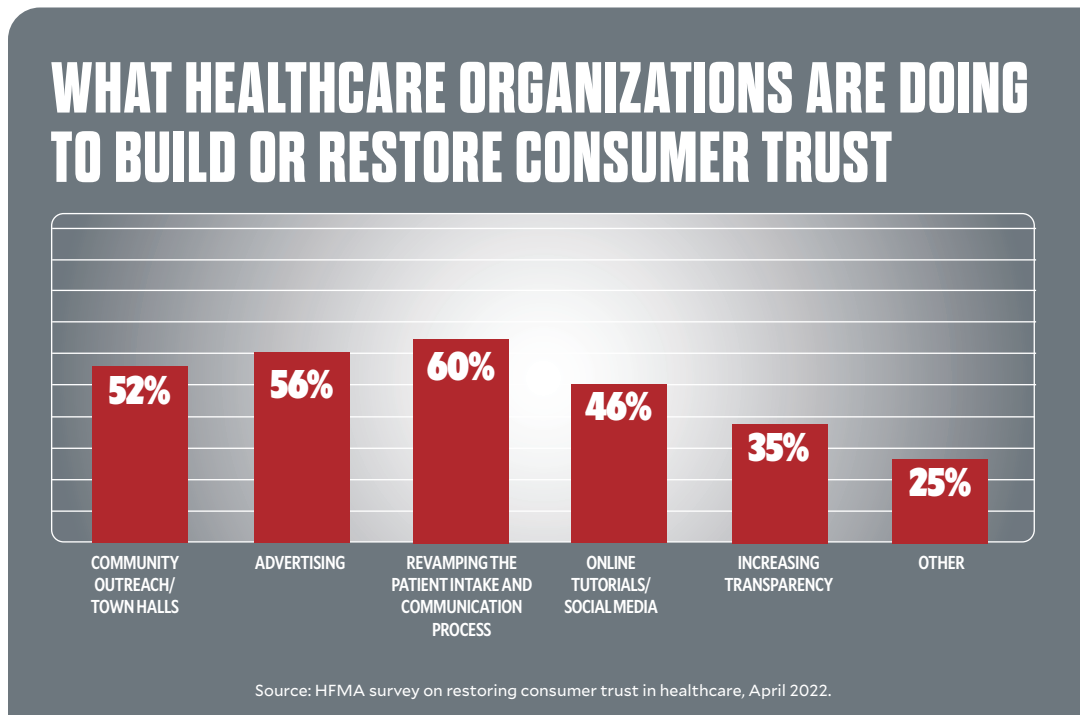
— Steven Edwards, former president and CEO of CoxHealth, headquartered in Springfield, Missouri

believe in the COVID-19 vaccine or in healthcare in the broadest perspective, but he respects us deeply because we took care of him when he needed us most.”

**FOR SOME, NOT A PROBLEM**

Still, nearly 40% of HFMA survey respondents believe consumer trust increased during the pandemic. Another 18% believe it remained unchanged. Among the comments received:

- “I do not agree that the mistrust is directed at healthcare, but mostly toward government, the CDC, politicians and media. Of course, this does not help us.”
- “I am not sure I agree with the distrust assertion, especially given our patient satisfaction scores. I do believe high cost to consumers (magnified by the shift of costs to the commercial markets due



to below-cost government payments) and poor communication of why things are costly [are dissatisfiers].”

- “None of the above [possible reasons for declining trust] are true to our organization. Patients are actively and aggressively seeking care, and our organization is busier than ever.”

To reach the point where the bulk of consumers believe in their care teams and the systems that employ them, “we have to get back to that human, relational aspect of care,” said The Beryl Institute’s Wolf. “This means listening to patients, communicating with them in ways they understand and treating them with respect.”

So much of health outcomes achieved are driven by the personal connections that are created at the point of care, Wolf said.

### CHANGING THE TRUST OUTLOOK

Moving the needle on consumer trust requires leaders to rethink the ways they engage with their communities, said Rukavina of Community Catalyst.

“It starts with understanding the factors that stand in the way of trust and engaging organizations that help form the fabric of the community, from community organizations to faith-based groups to design solutions,” he said. “This helps ensure that underrepresented populations are carefully considered and represented in the types of innovations that are explored to improve access to care and community health.”

For example, at Trinity



“If we let trust erode, it will play out through worse health outcomes; because if we can’t earn their trust, we won’t be able to do as good of a job in providing the best care we can for those who need it.”

— Niyum Gandhi,  
CFO and treasurer,  
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Health in Livonia, Michigan, the system created “social care hubs” to try to connect people in need with food, housing, financial assistance and primary medical care prior to the pandemic. When COVID-19 hit, Trinity directed more than \$500,000 to these social care hubs to meet pandemic-specific needs and launched initiatives for mobile testing and vaccine outreach and education in underserved communities.

Leading organizations also draw on data from community health needs assessments in determining where to focus and what resources are needed for success, Rukavina said.

In that vein, healthcare organizations are ramping up initiatives to build or restore consumer trust, the HFMA survey shows. Initiatives run the gamut from community

outreach and town hall meetings to redesigning the ways in which patients are communicated with and engaged. Also of strategic focus: increased transparency, including around healthcare costs.

Eliminating language barriers is an important part of this work as well. At Mass General Brigham, all patient-facing materials are translated into seven languages based on the needs of the population the health system serves.

“Ensuring that we can communicate with patients in an effective manner not only builds trust, but also helps patients get what they need,” Gandhi said. “Patients with whom we don’t communicate effectively tend not to advocate for themselves, and that leads to poor healthcare outcomes.”

For CoxHealth, the use of expanded communication formats during the first months of the pandemic established the health system as a trusted source of information. It also reminded the community of the health system’s purpose while providing greater clarity at a time of confusion.

“In healthcare, people’s motivations are so woven into the fiber of who they are that we’re best served to remind [our communities] why we’re here,” Edwards said. “It gives people a better understanding of why we do what we do, which helps restore trust.” ■

### About the author

Jeni Williams is a healthcare writer and editor based in Munster, Indiana, and a regular contributor to HFMA’s *hfm* magazine.



# 5 WAYS TO RESTORE CONSUMER TRUST

For hospital and health system leaders, maintaining or restoring consumer trust starts with foundational aspects of patient engagement, communication and access. Here are five actions to consider:

1

## COMMUNICATE WITH CONSUMERS IN THEIR PREFERRED FORMAT

“Start by asking, ‘In what language would you like to be communicated with?’” said Jason Wolf, president and CEO of The Beryl Institute. Then, dig into consumers’ preferred communication vehicles — from text to email to paper-based communications — as well as how frequently they wish to receive communications and from whom (for example, from the health system or a primary care provider).

2

## HELP PEOPLE BE WELL OUTSIDE THE FOUR WALLS OF YOUR ORGANIZATION

The year 2021 marked a breakthrough in digital health funding, and experts predict it will propel transformation in care access and chronic care management and a rise in nontraditional entrants in the healthcare space. On the one hand, disruptive providers hold the industry more accountable, said Steven Edwards, recently retired president and CEO of CoxHealth. They also make healthcare better by acknowledging why a different approach to care could improve value for patients.

3

## COMMIT TO CARE TEAM WELL-BEING

“We cannot isolate the patient experience from the workforce experience from the community experience,” Wolf said. By focusing on ways to effectively manage burnout and build resilience among care teams, hospitals and health systems ultimately will create a better atmosphere for patient care and also retain some of the 50% of care team members who are considering leaving the profession due to unrelenting stress.

4

## TAKE ACCOUNTABILITY FOR FINANCIAL COMMUNICATION BREAKDOWNS

“When a patient complains about something related to a healthcare bill, it doesn’t matter whether the issue is the health plan’s fault or the hospital’s fault or a provider’s fault. Collectively, we have let the patient down,” said Niyum Gandhi, CFO at Mass General Brigham. “While the natural tendency might be to say, ‘Oh, based on this technicality, this isn’t a covered service, and you need to pay a copay,’ this doesn’t help to build trust.” A better approach is to focus on solving the problem, such as by coordinating with the health plan in a different way. This assures consumers that you are taking accountability for the solution. It also provides consumers with the level of service they have come to expect from other industries — and that they deserve from their healthcare provider.

5

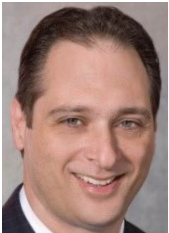
## PAY ATTENTION TO THE PERCEPTION OF ACCESS — TO CARE PROFESSIONALS, SERVICE REPRESENTATIVES AND THE ORGANIZATION ITSELF

“As health systems have gotten larger, some of the control of hospitals and health systems has moved from the community to other places,” said Mark Rukavina, program director with Community Catalyst. “This makes it challenging for people to understand who to contact when they have questions. It leaves residents feeling as if they have lost control of their community hospital, and that’s a real issue for some people.”

BY PAUL BARR  
HFMA Senior Editor

**H**FMA for the second year in a row is publishing a four-part series looking at major trends and changes coming to healthcare. We asked the supporters of the series to provide some analysis of the findings, and their insights for Part 1 — “Restoring Trust in Healthcare” — can be found below. The three subsequent parts are “The Next Generation Public Health System,” “Moving to an Integrated Approach,” and “Reimagining the Patient-Caregiver Relationship.” Learn more about the two series at [HFMA.org/healthcare-2030](https://HFMA.org/healthcare-2030).

# A duality of experience



**BANK OF AMERICA** 

## CHARLES ALSTON

Market Executive for Higher Education  
& Not for Profit banking team in the southeastern  
United States, Bank of America

### BIGGEST TAKEAWAYS

I was struck by the dual reality portrayed in the [provider] survey results on the question of consumer trust. Forty percent of respondents felt consumer trust increased during the pandemic, with 44% stating it decreased. It raises the question: How in touch are providers with the entire communities they serve? No doubt there are many places where trust improved, but to say it improved on the whole makes me want to look deeper and learn how it occurred in the communities where it improved. The journey of action and improvement those providers have experienced should be told and shared. The creation of outreach programs and alliances that foster trust-building person to person are what others can learn from.

### DATA ANALYSIS

Healthcare disparities for minorities continue to be more visible, more pronounced, better understood, but still, less changed and improved. That has to be addressed with more intentionality and intensity to no longer allow it to be accepted in our fact set. I find many providers want to make this change happen but lack the resources in human capital to make the outreach and build the community alliances needed to change this reality. The prioritization of improving social health inequities seems to have elevated with a subset of providers to a top-tier priority in tandem with value-based healthcare. This momentum can be accelerated and needs to be.

### OUTLOOK

Trust can and will improve. Putting the emphasis on the “care” in healthcare personalizes each of our healthcare experiences as a consumer and patient (and those are two different mindsets). However, the duality will exist with pockets of trust that remain stagnant and unchanged, or worsened, simply due to leadership priorities and sometimes the courage needed to make positive, transformative change happen. The lift feels heavy, but not putting in the effort isn’t an option. Emphasizing health outcomes with value-based care is also helping to get to root causes of health disparities for minorities. I am hopeful we will reach a tipping point where the improvement of root-cause issues becomes the norm, pragmatically and culturally, and not a perceived extra effort for health system providers. We have work to do, but momentum is building.



# Bigger bets, higher risks



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## DAVID JARRARD

President and CEO  
Jarrard Phillips Cate & Hancock, a Chartis company

### TAKEAWAYS

Trust is built relationally. This report confirms our own national surveys showing the relationship between doctor and patient is crucial. At the same time, hospitals as institutions have a role to play even though they generally aren't trusted as highly as the individuals who work within them. Here, we saw a gentleman who was skeptical about COVID-19 and the vaccines, yet had deep respect for the hospital where he took his wife because they got an appointment so quickly. Those positive personal experiences are invaluable, especially when layered on top of a trusting relationship between clinician and patient. Those moments also make their way to others through what we call "dinner table ROI" — the conversations among friends and family that can quietly influence people to become either advocates or detractors.

### DATA ANALYSIS

I'm intrigued by what healthcare organizations are doing to build or restore consumer trust. Much involves communications,

providing clearer, more actionable information to consumers and offering them opportunities to interact with the organization. While it's encouraging to see provider organizations improving communications and the overall patient journey, there needs to be greater emphasis on transparency. Not just regarding pricing but also on financial support options, how the organization operates, how it is involved in the community, etc. Openness, when backed by action, engenders trust.

### OUTLOOK

Over the past few years there's been a decline of trust in institutions across the board. But within that trend, hospitals remain among the most trusted organizations. Between the increased spotlight on healthcare with the pandemic, the Dobbs decision and mergers — all coupled with the overall decline of trust in institutions — expect to see more responsibility landing at the doorstep of hospitals and health systems.

Changes over the past couple of years have shifted from seeming to be accelerants to being almost purely disruptive for healthcare leaders. It's difficult if not impossible to anticipate what's coming next. The bets are bigger, the risks feel higher. In that environment, healthcare leaders and boards need to gravitate steadfastly to their core mission. Ask, "What do we believe to be true?" and "How does this plan help us achieve our purpose?" You have to lean on your experience and what you believe to be true.

Finally, a key mandate for healthcare leaders is to go beyond communicating clearly about the challenges to share what's happening as a result. It's not wrong to call out problems or headwinds. But to build trust and bring people along towards an aligned future, you can't stop there. The message needs to continue with an honest assessment about what's known, what isn't and what actions can be or are being taken.

“

This report confirms our own national surveys showing the relationship between doctor and patient is crucial.”

— David Jarrard, President and CEO, Jarrard Phillips Cate & Hancock, a Chartis company

# Confronting some brutal facts



## FORVIS

**DANIELLE SOLOMON**

National Industry Partner,  
Healthcare, Forvis

### TAKEAWAYS

The challenges and needed effort we have ahead of us are big. Or said another way, there is a huge opportunity in the industry to put the patient at the center and disrupt and improve any and all aspects of care delivery and communication. Trust, in its broadest sense, has eroded inside and outside the healthcare system. In the wake of the pandemic and the heroic work of the provider community, this result is disheartening, yet understanding your hurdles is essential. Health literacy is low in society and the healthcare industry has not made trusting easy.

Equally profound is the harmful impact this lack of trust has on patient outcomes. Treatments are delayed and instructions are not followed without trust between patients and health professionals. The effects of this dynamic playing out in the years to come is yet to be known, but we are already seeing effects and can't reverse the trend fast enough.

“

There is a huge opportunity in the industry to put the patient at the center and disrupt and improve any and all aspects of care delivery and communication.”

— Danielle Solomon, National Industry Partner, Healthcare, Forvis

### DATA ANALYSIS

A significant disconnect still exists within the healthcare system itself. In terms of the physician community, the fact that one-third of physicians do not trust their organization's leadership speaks to a deep chasm between the two groups. That chasm goes beyond mistrust to discrimination, where 49% of physicians agree that the nation's healthcare system discriminates. These profound findings stood out for two reasons. First, in light of the extensive investment in programs and initiatives designed to close the gap between leadership and physicians, I had hoped to see a much lower percentage. Second, because even after all these years of trying, a root cause of this mistrust still exists that goes well below the surface — and has yet to be uncovered. This unknown provides an opportunity for full transparency and vulnerability to move forward and improve.

### OUTLOOK

As we saw in the survey, leaders are all over the spectrum as to how prevalent mistrust is in their system, and this attitude may hinder progress. We can always improve and should strive for excellence. We did learn during the pandemic that we can accomplish more than we ever imagined if we work together for a common goal, and we have that opportunity. If healthcare leaders are genuinely focused on putting value-based care at the heart of their organizations, rebuilding patient trust is absolutely necessary. Improving trust will not be a short journey, and who knows where it will be by 2030. Before patient trust can be optimized, health systems must confront some brutal facts. Eroding trust impedes growth and is a barrier to the collaboration that is vital in the healthcare community. As we move toward 2030, determining the root cause of this mistrust and deploying meaningful countermeasures to address it will be essential.



# Understanding leads to trust



**MIKE MORRIS**

President and CEO  
Xtend Healthcare

## TAKEAWAYS

Mistrust in healthcare institutions has grown dramatically since the onset of the pandemic. The amount of medical disinformation that is spread every day through social media and other forums is a significant driver of this lack of trust. However, confusion about the amount patients will pay for healthcare as well as fear of a “surprise” bill have eroded patient confidence as much or more. Reversing the current trend and rebuilding the public’s trust must be Job No. 1 for healthcare leaders.

Revenue cycle leaders can help regain the public’s trust by creating transparency about services, prices and policies. When patients understand their healthcare needs as well as what it will cost, they are more likely to trust their provider. In today’s competitive healthcare market, providers can create long-lasting relationships with their patients by enhancing trust.

## DATA ANALYSIS

The survey responses indicate that many of the drivers of mistrust in healthcare are tied to financial issues rather than clinical concerns. However, other than revamping patient intake, the majority of the initiatives cited to restore trust are not specifically focused on financial concerns. As the financial burden on patients for their healthcare needs continues to grow, it is more important than ever to address the financial concerns that fuel mistrust. Transparent and accurate communication regarding the financial components of care as early in the process as possible is the best tool we have to increase patient trust in healthcare providers.

## OUTLOOK

There are significant headwinds working against efforts to restore trust, but there is a path to gain the confidence of patients. Every part of a patient’s interaction with a provider is a building block of trust in the system. From a revenue cycle perspective, registration, scheduling, financial clearance, up-front patient balance collections, insurance claim resolution and patient advocacy throughout the process all contribute to a patient’s level of trust. It is important for all of these processes to be analyzed and improved upon. Improvements in end-to-end revenue cycle processes will translate into improved trust in our healthcare system.

“

The amount of medical disinformation that is spread every day through social media and other forums is a significant driver of this lack of trust.”

— Mike Morris, President and CEO, Xtend Healthcare

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The Healthcare Financial Management Association (HFMA) equips its more than 90,000 members nationwide to navigate a complex healthcare landscape. Finance professionals in the full range of work settings, including hospitals, health systems, physician practices and health plans, trust HFMA to provide the guidance and tools to help them lead their organizations, and the industry, forward. HFMA is a not-for-profit, nonpartisan organization that advances healthcare by collaborating with other key stakeholders to address industry challenges and providing guidance, education, practical tools and solutions, and thought leadership. We lead the financial management of healthcare.

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