

Health Trends

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Health Trends: Trust in Health Care

Summer 2022



“Trust has to do with vulnerability. If I need your help and I can rely on you to be there for me—not just today, but in an ongoing manner—that’s a cornerstone.”

Sree Chaguturu, Executive Vice President and Chief Medical Officer at CVS Health



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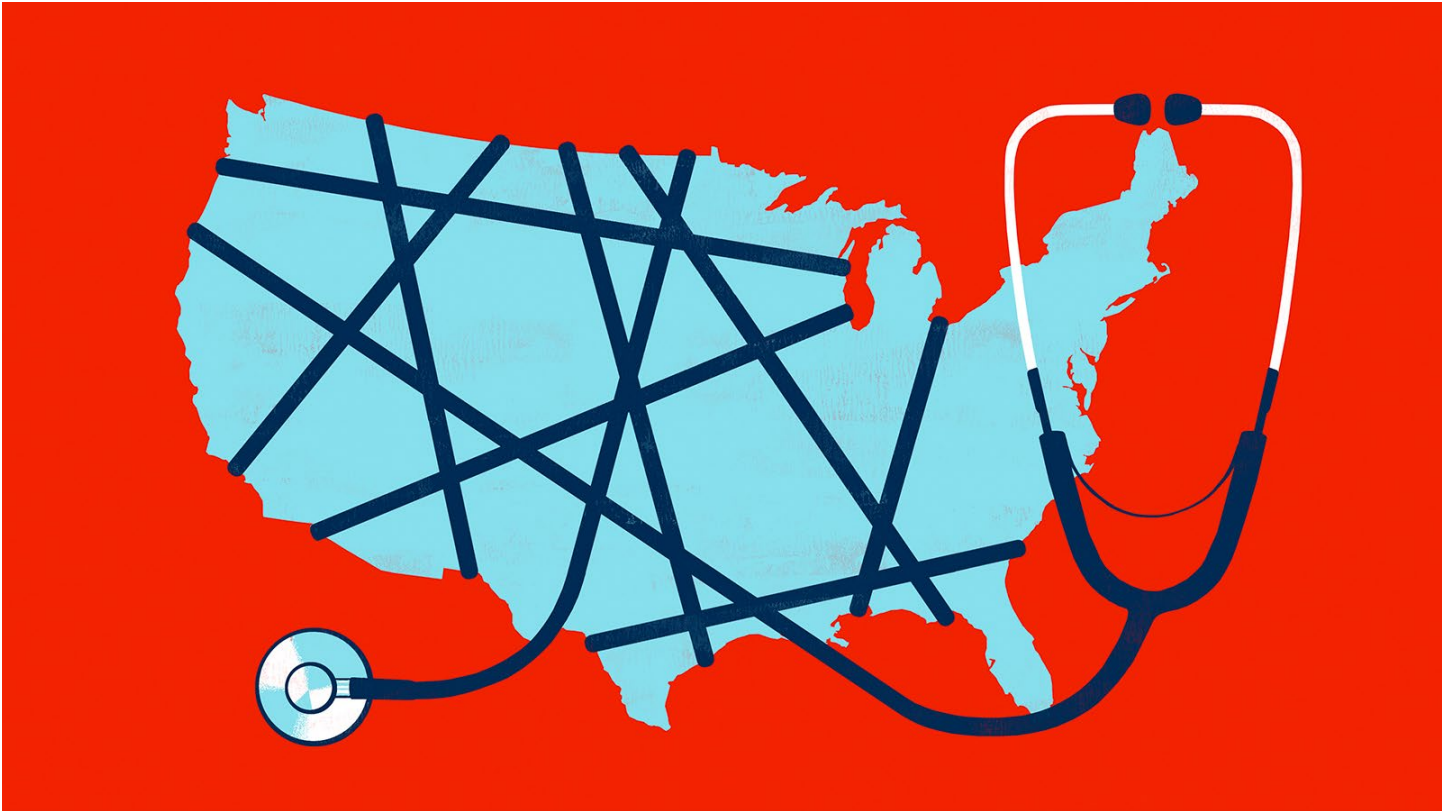
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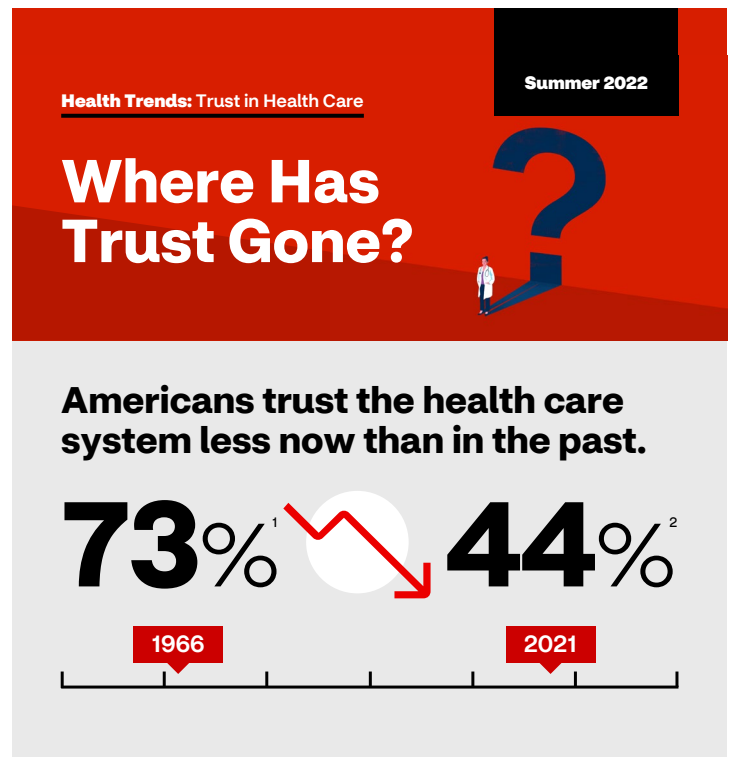


Trust by the Numbers

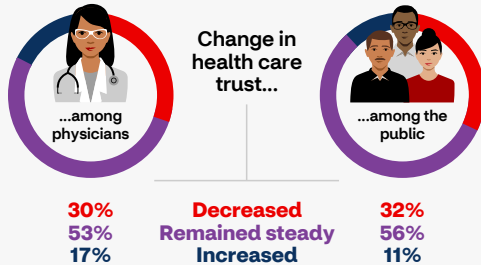
What are the bright spots—and trouble areas—in America’s relationship with its care providers?

If you could put trust in a bottle, prescribing it would save millions of lives. Trusted providers can help people get more screenings, accept routine vaccines and take other measures that keep them healthy—a finding that has held up after decades of research.

The uncertainty of the pandemic and online misinformation have recently eroded that trust. How big is the problem, and what can be done to get the relationship back on track?

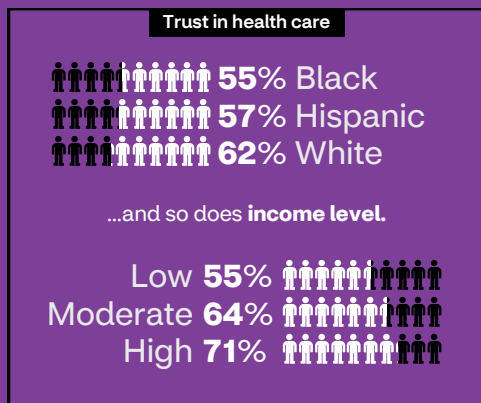


Despite heroic levels of care, the pandemic shook that trust³:



Politicization of the pandemic and online misinformation were a few reasons for this lost trust.⁴

Among the public, race/ethnicity also plays a big role⁵...



Trust is important because

People with higher trust are more likely⁶...

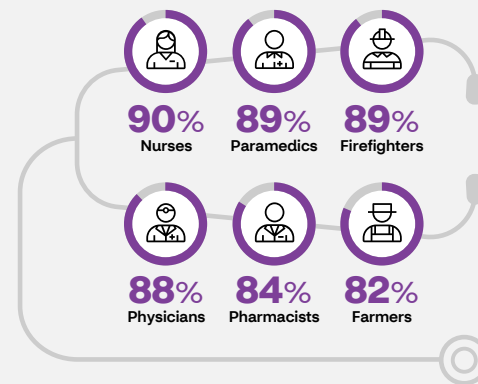


For more information about the trust crisis in health care and what can be done about it, read the CVS Health Trends Report. [CVSHealth.com/HealthTrends/Trust](https://www.cvshealth.com/HealthTrends/Trust)

How does trust get built? +10 percentage points

Engagement builds trust. Low-income people who had a recent checkup were much more likely to trust the system.⁷

Trust also gets built by choosing the right ambassadors. **Health care professionals are among the most trusted Americans⁸...**

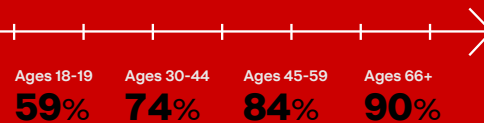


...and so is what they say. People trust information from⁹:



And primary care remains a trusted part of the health care experience

78% of people who trust their primary care physician, with that trust increasing with age and number of health issues¹⁰:



CVSHealth Trends Report

Summer 2022

¹ <https://www.aafp.org/fpm/1999/0600/p15.html>

² <https://news.gallup.com/poll/1597/confidence-institutions.aspx>

³ https://www.norc.org/PDFs/ABIM%20Foundation/20210520_NORC_ABIM_Foundation_Trust%20in%20Healthcare_Part%201.pdf, pg 26

⁴ https://www.edelman.com/sites/g/files/aatuss191/files/2022-03/2022%20Trust%20Barometer%20Special%20Report%20Trust%20and%20Health_Mar10.pdf

⁵ <https://www.edelman.com/trust/22/special-report-trust-in-health>

⁶ <https://www.edelman.com/trust/22/special-report-trust-in-health>

⁷ <https://www.edelman.com/trust/22/special-report-trust-in-health>

⁸ National Health Project, Harris Poll and CVS Health

⁹ <https://www.edelman.com/trust/22/special-report-trust-in-health>

¹⁰ https://www.norc.org/PDFs/ABIM%20Foundation/20210520_NORC_ABIM_Foundation_Trust%20in%20Healthcare_Part%201.pdf



Health Care Leaders Must Win Back Trust

Public confidence in health care declined during the pandemic. How can the industry earn it back?

For two decades, the “Trust Barometer” from the Edelman company has looked at public faith in institutions. Lately, its findings have been concerning. Trust in media, government and other sectors dropped around the world during the COVID-19 pandemic.¹ In the United States, those numbers are among the lowest on the list.

The health care sector, despite all its heroic work throughout the pandemic, must also work to meet this challenge. Back in 1966, more than 70% of Americans said they had trust in the

health care system. Last year that number slipped to 44%.² Frustration with pandemic living is one cause, but there are others.

Some people are frustrated with care seeming more impersonal. Others, fueled by online misinformation, are skeptical about science. And many of those who have lost the most trust—people of color and the underserved—simply feel left behind.³

If there's a silver lining to the crisis, it's that plenty of trust remains for individual providers. Americans have confidence in the people who provide their day-to-day care. Three out of four Americans have faith in their primary care physician, according to work from the Pew Research Center.⁴ Nurses, medical doctors, and pharmacists all sit comfortably among the most trusted five professions on Gallup's annual lists.⁵

Why does trust matter? In health care, trust saves lives because it leads to people getting vaccines, taking their medications and showing up for screenings. A major 2017 study showed that trust between a patient and a health care provider led to better outcomes and healthier behaviors.⁶ On the flip side, a loss of trust can be as concerning as an epidemic disease.

For that reason, providers and leaders from across the industry are intensely focused on turning the trust tide—building on areas where trust is strong and finding out where it has failed.

Deeper Connections, Bigger Teams

“You can’t build and strengthen what you can’t measure,” says Sree Chaguturu, Executive Vice President and Chief Medical Officer at CVS Health. The company began defining the problem through surveys with customers and employees, looking at data patterns to identify where relationships might be breaking down.

For Chaguturu, it’s also important to consider what trust means in practice to the health care consumer. “For me, trust has to do with vulnerability. If I need your help and I can rely on you to be there for me—not just today, but in an ongoing manner—that’s a cornerstone,” he says.

Research supports that idea of provider care and attention. According to a 2021 study from NORC at the University of Chicago, about half of mistrust toward providers is driven by feelings that they aren’t listening, aren’t understanding or aren’t spending enough time with the patient.

More connection—more touchpoints, each one driven by a knowledge of the patient’s health journey—would be a way to address that head on. Programs from CVS Health, including care delivered by MinuteClinics, have historically worked to add those kinds of interactions, including health coaching and digital nudges. But a more recent approach is rethinking care from the ground up.

A new vision for primary care at CVS Health will be “different than the traditional relationship” between patients and physician, says Chaguturu. Instead of seeing a doctor once a health issue arises, the CVS Health model uses a multidisciplinary team including nurses, social workers and pharmacists to help patients prevent health issues from arising.

Mental health services are another critical and unmet need. “We can treat the whole person—manage chronic conditions, check in on their life situation and move them towards well-being,” says Chaguturu. “Not only can this build trust, but it will also drive toward higher quality care and lower medical costs.”

“Our patients will have relationships with a team that helps them navigate care across multiple channels,” says Chaguturu. “It’s a natural evolution of how we should all provide care.”

The Life-Saving Advantage of Local Care

One other lesson from the past year: neighborhood points of care are an overlooked bedrock of patient trust.

“Staying open in local communities, day in and day out, allowed a tremendous relationship to unfold,” says Michelle Peluso, Chief Customer Officer of CVS Health and Co-President of CVS Pharmacy. “We were able to vaccinate as many people as we did—more than 59 million shots—because we stayed present in people’s lives.”

About half of all vaccine doses were given at local pharmacies, and CVS Health became the nation’s largest provider of COVID-19 services, Peluso says. More importantly, “we used the neighborhood presence of our stores and other grassroots efforts to get to underserved and high-risk populations,” she says.



“You can’t build and nurture what you don’t measure.”

Sree Chaguturu, Chief Medical Officer
at CVS Health

Underserved populations saw the greatest suffering from COVID-19. Unsurprisingly, they also mistrust health care providers the most. But according to Peluso, the staff of pharmacies are often “of and for and by these communities,” a local representation that can break down barriers, she says. Peluso notes that a high percentage of BIPOC people chose to get their vaccines at CVS. In 2021, one third of all CVS Health-administered vaccines were provided to underserved communities.

Local points of care—pharmacies, clinics and wellness centers—can also show up in other ways. At CVS Health, for instance, the company runs free screenings and services through Project Health, and it takes stands on issues

important to its customers—not selling tobacco products, for instance, or banning retouched images of women in its beauty section.

“In times like this, it’s important to lean into that community presence,” says Peluso “This is where we start to regain trust. This is where we make a difference.”

¹ <https://www.weforum.org/agenda/2022/01/edelman-trust-barometer-2022-report/#:~:text=These%20are%20some%20of%20the,dropped%20in%20the%20past%20year>

² <https://news.gallup.com/poll/1597/confidence-institutions.aspx> and <https://jamanetwork.com/journals/jama/fullarticle/2774033>

³ https://essentialhospitals.org/wp-content/uploads/2020/08/20-057_AEH_Report5.26.pdf, pg 1, second paragraph. These trends are all separately footnoted with sources cited on pg 30

https://buildingtrust.org/wp-content/uploads/2021/05/20210520_NORC_ABIM_Foundation_Trust-in-Healthcare_Part-1.pdf slide 14

⁴ <https://www.pewresearch.org/fact-tank/2020/03/13/amid-coronavirus-threat-americans-generally-have-a-high-level-of-trust-in-medical-doctors/>

⁵ <https://news.gallup.com/poll/388649/military-brass-judges-among-professions-new-image-lows.aspx>

⁶ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0170988>

⁷ https://www.norc.org/PDFs/ABIM%20Foundation/20210520_NORC_ABIM_Foundation_Trust%20in%20Healthcare_Part%201.pdf (slide 20)



Why Trust in Pharmacists Remains High

Prem Shah, Executive Vice President and Chief Pharmacy Officer at CVS Health, explores why consumers trust his profession like few others and the potential impact on public health.

It's an iconic image from the cover of the Saturday Evening Post: the sick boy, patiently waiting as the druggist mixes his medicine. Americans have a special confidence in pharmacists, an attitude backed up by more than 30 years of polling from Gallup—which, year after year, places pharmacists as one of the country's most trusted professions.¹ One in three Americans report speaking with a pharmacist about their health care needs monthly.²

As overall trust in health care declines, what is pharmacy doing right and what could that mean for the future of health care?

It may be due in part to the pharmacy setting, which is local, convenient and accessible to most Americans, says Prem Shah, Pharm. D., the Chief Pharmacy Officer at CVS Health and Co-President of CVS Pharmacy.

So why are pharmacists such trusted professionals?

Shah: I can think of three things. First, we're available. Across the country there are more than 60,000 retail pharmacies³, which means a pharmacist is always nearby, and usually, with convenient hours, including evenings and weekends. Second, the atmosphere of the pharmacy is approachable and familiar. We are in the community and work in an environment where people frequently stop by to shop for daily essentials. And third, we help people, and we reliably help them often. If you have a question about medication or have a sick child and want an over-the-counter solution, we can give you advice without a lot of fuss.

We also—and this is key—see patients more frequently than their doctors do. And if a patient has multiple doctors, we are often the only health care provider who has visibility across all of their prescriptions.

So those things—availability, approachability and reliability—have really helped position pharmacists as trusted health care providers.

You’ve talked about creating a better digital experience in pharmacy. Does that have anything to do with trust?

Shah: It absolutely does. And even though we are working hard to become digital-first, that doesn’t mean digital-only. With better digital tools and a more seamless experience for our pharmacy patients, we’ll actually be more available to our patients to support their health care needs. That’s a cornerstone, and I’m convinced it will result in more trust.

Imagine arriving at the pharmacy counter, and with a swipe, your prescription is ready to go and your credit card on file is charged. No lengthy checkout process. Behind the scenes that means we have digitized several administrative steps. This not only gives customers a better experience, but it frees up the pharmacist’s time to consult with patients and perform more clinical services.

Across health care, we also know we have a big trust barrier with underserved populations. A digital pharmacy experience can really help on that front, too. We have tools in place to help those whose primary language isn’t English, and we’re continuing to refine our digital and in-person offerings to make it easier for patients to understand how and when to take their medications, regardless of what language they speak.

Does that mean a shift away from the in-person, pharmacist-patient relationship?

Shah: No, just the opposite. A shift to a more digitally-focused experience will help us improve the quality of human interaction to be less transactional and more substantive.

The most stressful part of a patient’s day may be when they enter our pharmacy—they don’t feel well or they are scared because they were just diagnosed with a condition they don’t fully understand. That’s where we can help. By lending an ear and answering their questions based on our years of clinical training, we can help them through that challenging time. So no matter how much digital tools can make their lives easier, those human skills of helping remain the most important part of what we do. No computer can replace that.

That’s how we build trust, starting with frequent communication and even more frequent listening. It’s also something that needs to be earned repeatedly.

How has the pandemic affected this work? Where do you go now?

Shah: At CVS Health, we delivered more than 32 million COVID-19 tests and 59 million vaccinations in 2021 alone. We could do that because we’re trusted, and we’re present in local communities.

The COVID-19 pandemic has proven the invaluable role of pharmacy in delivering essential health care services. I firmly believe we need to build on this momentum to elevate and expand the role of the pharmacist and pharmacy team. Expanding the scope of convenient and high-quality health care services we provide in the communities we serve is vital, including preventive care for chronic diseases, HIV prevention, nicotine cessation, and other treatment support. It’s why we went into pharmacy – to help care for our friends, family, neighbors and our communities.



"That’s how we build trust, starting with frequent communication and even more frequent listening"

Prem Shah, Executive Vice President and Chief Pharmacy Officer at CVS Health

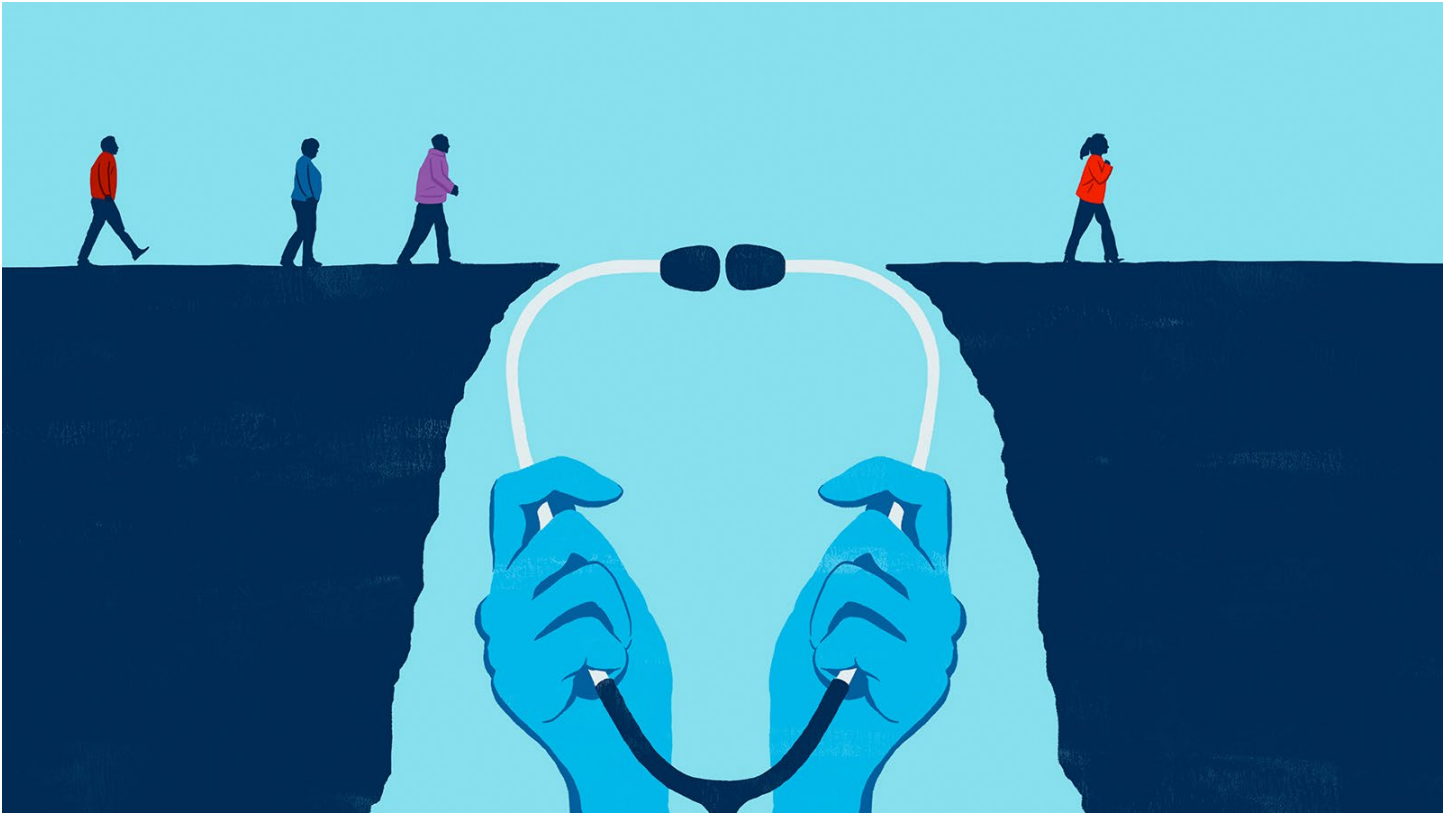
But we also need to recognize that many frontline workers are burnt out. The past few years have been unprecedented, and the pace and pressure were overwhelming.

We all need an honest dialogue to come out on the other side of that burnout. That starts with transparent communication about our go forward plans, and it may even mean making important changes to our operating model to allow for this expanded role and freeing up time for purpose-driven clinical work. Because, we can’t simply add more to our pharmacists’ already full plates. I think this is also where some of those digital experiences and tools I spoke to earlier will be integral to making more time for meaningful patient interactions.

¹ <https://news.gallup.com/poll/1654/honesty-ethics-professions.aspx>

² CVS Health-Harris Poll National Health Project, February 2022

³ <https://www.commonwealthfund.org/publications/issue-briefs/2021/aug/competition-consolidation-evolution-pharmacy-market>



How Do You Win the Trust of the Underserved?

People pushed outside of the health care system mistrust it the most. But some approaches can build a bridge.

In a recent poll, about 70% of Black respondents said they believed racial discrimination takes place in health care. About one in five said they had experienced it themselves, and about half didn't trust the system.¹ Their reasoning is not hard to understand.

"Health care leaders often look at history as the problem," says Joneigh Khaldun, M.D., M.P.H., the first chief health equity officer of CVS Health. "But I would ask you to look at the day-to-day frustrations. That's where we're losing trust."

Underserved groups may not see practitioners who look like them or understand them, she says. The system is hard to navigate and they may feel judged. "So it's not surprising when they're less likely to engage," she says.

How do you build a bridge? Khaldun is a strong believer in starting with data. Before CVS Health, Khaldun served as the chief medical executive for the state of Michigan, a job where she learned the value of hard numbers when looking at bias.

For instance, a current audit at CVS Health is looking at prior authorizations—a step where a health insurer checks on a patient record before approving payment. The audit is looking for differences that might fall along racial lines. If they're found, it's a chance to ask what's going on and fix it. Those kinds of investigations can happen at every level of the system.

But even where data sends up a flag, solutions won't be one-size-fits-all. "I've led public health in Baltimore and Detroit," Khaldun says. "And I know from hard experience that you cannot just pick up what you did in one city and find it workable in another."

In practice, that sometimes means meeting with community leaders and influencers to build a more local plan.

One example is playing out at the Ebenezer Baptist Church, a landmark in Pittsburgh's Black community. The church has opened its doors to services from outside providers—assistance with résumé building, clothing and food banks, and community health clinics. On site, CVS Health also runs a mock pharmacy as a way to help with job training.

“These are the relationships you need to build before a crisis hits,” says Khaldun. “You can’t just drop into a community in the middle of a crisis and expect to get sudden results.”

Trust also comes from knowing the lives of the underserved well—and what will actually help. “Medicaid members deserve ease,” is a mantra of Kelly Munson, president of Aetna Medicaid.

For instance, about three quarters of Medicaid recipients work, often in challenging front-line jobs with odd hours. “About 96% of them have smartphones, and most would prefer to see the doctor digitally,” Munson says. “They don’t have time to go to the office. They don’t want the stigma of standing at a desk, saying they’re on Medicaid. Can you make it easier for them to get care? We can.”

Erasing those kinds of barriers leads to trust in other ways, Munson says. “Our research shows that Medicaid members trust their doctors more when they engage on a regular basis. So part of our job needs to be just helping them get to those appointments,” she says.

Medicaid recipients might lack access to transportation, have trouble with paperwork or face caregiving obstacles. By addressing those problems directly, through creative housing, childcare or transportation, trust grows, medical care is more consistent and costs go down.

Often the trust problem boils down to showing empathy for health care journeys. “Many times, they just need to hear, ‘I have a full understanding of you as a person. And I understand the barriers you’re facing outside of health,’” says Munson. “That’s the first step to bringing someone in.”



How do you build a bridge? Khaldun is a strong believer in starting with data.

¹ <https://www.kff.org/racial-equity-and-health-policy/report/kff-the-undefeated-survey-on-race-and-health/>