

## *Viewpoint*

### The Importance and Paucity of Trust in Today's Health Care System

By Donald Berwick, M.D.

The ancient Chinese philosopher Confucius told his disciple Tsze-kung that three things are needed for good government: weapons, food and trust. If a ruler cannot hold on to all three, he should give up weapons first and food next. Trust should be guarded to the end: "Without trust we cannot stand."

Last year, in accepting the AHA Health Research and Educational Trust's (HRET) first TRUST Award, my mentor, David Lawrence, retired chairman and CEO, Kaiser Foundation Health Plan Inc., eloquently summarized the gaps in hospital care identified by the Institute of Medicine's 2001 report: safety, effectiveness, patient-centeredness, timeliness, efficiency and equity. He discussed the harm done every day to real people--our neighbors, our loved ones, ourselves--because of these gaps. He compared the toll from safety defects to deaths in the Vietnam War. He said (and in our hearts we all know this is true) that the gap between what we actually do and what we could do is costly, persistent, enormous and indefensible.

Unfortunately, except for a minority of people in health care, improving American health lacks a sense of urgency. That puts each person's trust in our health care system at risk. The harm caused by defects in health care quality is real and its impact enormous. Yet, too many of us tolerate it.

Last year, I was involved with a difficult matter regarding the transparency of data related to the care of patients with cystic fibrosis (CF). There is a superb national registry for care process and results data on almost all American patients with CF. That registry is in private hands, developed for the purpose of scientific research. I was asked to help the board of the foundation that husbands those data to decide whether to "go public"--that is, whether it should allow the variations of care and outcomes to be available to the public--not for the purpose of rewarding or punishing anyone, but in order for the best providers to teach the rest of us.

The board was understandably scared that the public release of these data could lead to trouble for the foundation and those who supplied the data. In fact, we were sure that there would be trouble, and the key question was whether that trouble would be worth the benefit of openness. The foundation was afraid that if it openly revealed a problem, the public would not trust the care.

I think the exact opposite is true. Unless we openly reveal our problems, the public cannot trust us. In preparing for my meeting with this board, I spoke to a woman named Honor Page, who has a daughter with CF. I asked her if there was anything she would like me to tell the foundation board. She said, "Tell them that, for my daughter and me, the clock is ticking."

I am trying to spend my time getting everyone to see and hear the clock, but it is not going well. Not all the news is bad, though. This TRUST Award--recognition for efforts to improve care--does not belong to me. It belongs to the hundreds of people with whom I am fortunate to work who are taking the quality gap seriously--who hear the clock ticking and are using their courage, time and minds to try to change our defective process of care.

We need an army, but, unfortunately, we only have a squad. I am frequently asked why there is no army. Why, with the clock ticking, are our health care institutions not changing? My answer: Because we are not working together, and we lack trust. We struggle separately to achieve what we can only accomplish together. Doctors fight administrators; administrators fight Medicaid and Medicare; providers fight transparency; health plans fight each other for market share; and nurses fight the health plans. Payers demand measurements, and measurers demand payment. Specialists fight for referrals against which gatekeepers fight. And with all this fighting, economists lament that we don't have enough real competition in health care. To many, we are not fighting enough.

To tell the truth, I don't know what we should do to get us moving together. We have the knowledge; we have the methods; we have measured the quality chasm. But when interviewers ask me what to do, I have to have an answer. I make something up, and this is what I tell them: The problem is that we approach health care with the logic of combat, faith in free-market theory and competition, and we have a magical belief in the power of incentives.

Poor quality in health care is not like poor quality in cars. Rather, like air and water pollution, we all share in the harm health care can do. We cannot "compete" to clean our health care system. Pollution cannot be removed by creating a perfect market, but only when we rediscover our social conscience. Until we decide as a nation that the enemy is disease, not each other, we will fail.

And the clock that Honor Page hears will not only tick but also detonate. Unfortunately, her daughter Annie will pay the price for our inaction. Maybe fragmentation is a symptom and not a cause. If so, then "trust" or "mistrust" are likely culprits. Coming together to stop that infernal clock ticking demands that, across time-honored boundaries and tightly-defended beliefs, we begin to find some way to trust that care can be far better than it is today.

We do not need zero-sum thinking about resources. We really do have plenty; they are just poorly deployed. We need to trust in knowledge. When the facts--the science--tell us that we are doing something wrong, we need to trust that science in order to take action on it and not attack the message because it advocates something inconvenient.

In a work of breathtaking importance last year, Elliot Fisher of Dartmouth College discovered that the areas of lowest health care cost [in the the United States] have far better quality than those with the highest costs. Yet not a single health care leader or policymaker has had the courage to take those findings to the next logical step.

Beth McGlynn from the RAND Corporation, in her landmark paper cited by David Lawrence last year, clearly documented a 46 percent defect rate in the provision of scientifically correct care to 7,000 patients in 12 metropolitan markets. Steve Jencks, M.D., of the Centers for Medicare & Medicaid Services has repeatedly shown the same in the Medicare system.

With the conspicuous and welcome exceptions of Medicare and the Veterans Health Administration, none of this clear science has led to major action. If we trust our knowledge, how can we simply ignore it? We need to trust that patients are not insatiable. We have to trust that our country has every asset it needs to provide universal care now. That we are smart enough to figure it out, just as every other developed nation in the world has already done.

We need to trust the soul and generosity of spirit among the millions of people who have chosen to devote their careers to caring for others. We need to have the guts--trust in our own moral compass--to tell the few in our industry who do violate that trust that they are not welcome, whether they are neglectful boards, overpaid executives, doctors who have lost their way or suppliers who think they have no duty other than to sell and make their profit goals.

We are in a mess. And yet I see no logical reason whatsoever that we cannot get out of this mess. The way out begins with trust--trusting in our knowledge, trusting our patients, trusting the public, trusting in transparency and somehow learning to trust each other. (omega)

**Donald Berwick M.D., M.P.P.**, is president and CEO of the Institute for Health Care Improvement, Cambridge, Mass. He can be reached at (617) 301-4800. This article is excerpted from his acceptance speech for HRET's 2004 TRUST Award.

*This article 1st appeared in the April 2005 issue of Trustee Magazine.*