



Re-establishing Trust in Medical Information



Trust is critical to healthcare interactions. Seeking care is deeply personal, so a foundation of trust can help improve patient experience. For health plans, establishing trust can reduce cost, support better outcomes, and is a valuable tool in combating the spread of misinformation that can prevent people from seeking care or cause them to access care in inefficient ways.

Currently, there is a great need to re-establish trust in the information that professionals and institutions of the healthcare ecosystem provide. Rebuilding trust in medical information must be a long-term, industrywide effort. It requires alignment throughout the ecosystem and takes collective effort from every entity. Payers, providers, and health tech companies all play important roles. Ensuring access to consistent and accurate medical content is crucial to harmonizing and accelerating these efforts.

Challenges to establishing trust

Trust in medical information used to be relatively simple. Care encounters were generally in-person visits with a doctor or advanced practice provider. Medical information only came from one source: your doctor.

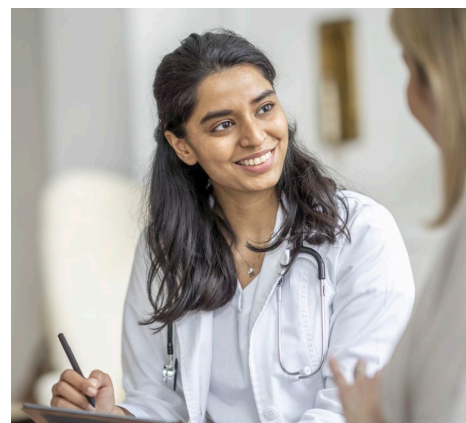
However, today, the proliferation of information in emerging media sources, primarily online, has brought about two trends that have significantly complicated the flow of information in healthcare and the trustworthiness of the information that patients can access.

- **The rise of healthcare consumerism:** The idea that people have more choices for researching and accessing health services.
- **The democratization of medicine:** The ability to self-diagnose using information and/or tools provided by nonmedical sources.

This shift to consumerism and democratization in healthcare has empowered patients to participate more actively in their care and make more informed decisions. But the opposite is also true: Greater choice and the proliferation of online and community medical sources have opened the door to misinformation and content that is not medically credible, leading people to receive less effective care or seek unnecessary care.

A lack of trust in medical information can compromise compliance and outcomes. The US surgeon general's office issued an advisory stating that health misinformation had "reduced the willingness of people to seek effective treatment for cancer, heart disease, and other conditions."¹

The solution is teamwork, and everyone in the healthcare ecosystem must do their part. Consumers seeking healthcare interact with payers, providers, direct-to-consumer tech companies, and countless behind-the-scenes technologies and systems. Alignment across these organizations and tools builds the foundation for trust. They are all part of the solution.



Between 2021 and 2022, plan satisfaction among commercial insurance members did not change, according to a survey from J.D. Power.² Exploring offering health education content might represent an unexplored option for improving member satisfaction.

How payers can help build trust

As stakeholders work together to foster trust, payers are in a good position to make a difference while also benefiting themselves. For example, health plans can provide an additional access point for high-quality, vetted educational content through their care management programs. Accessible, evidence-based content not only fosters trust but also addresses other challenges within the payer-member relationship. For example, between 2021 and 2022, plan satisfaction among commercial insurance members did not change, according to a survey from J.D. Power.² Exploring offering health education content might represent an unexplored option for improving member satisfaction.

"Payers had an opportunity going back to COVID to help their members in a new way — to get solutions, or get care,

or get medicines — and I think payers really stepped up and tried to take better care of their members," says Allison Combs, head of product – payer clinical effectiveness at Wolters Kluwer. "Payers want what's best for members. So, continuing down that path and truly trying to enforce and encourage evidence-based guidance and best practices with an ease of understanding, ease of use, and ease of access will continue to be a priority for them and an avenue for success."

One measure of that success may be the return on investment in care management programs, according to McKinsey & Co., which recommends a number of next-generation actions, including that payers focus on engaging members the ways consumer companies do, conduct outreach through multiple channels, and employ

an "engagement-first" approach to drive change. Payers that have adopted these ideas have generated more than a two-to-one ROI for care management.³

Another solution may involve continued exploration of a permanent role for telehealth, which has been the subject of more research in the past few years. For example, Mayo Clinic researchers found that when it comes to diagnosing medical conditions, telehealth sessions can have the same accuracy as in-person visits, according to a study in JAMA Network Open. The researchers analyzed 2,393 patients with a new clinical problem assessed through a telehealth visit using Zoom Care Anyplace integrated into Epic.⁴

As stakeholders — payers, providers, and tech companies — have gained confidence in these outcomes, they have started to lean more heavily into virtual care delivery. In September 2022, MedStar Health, Intermountain Healthcare, and Stanford Medicine announced they would expand a study on telehealth use for primary care during the COVID-19 pandemic to determine how connected health platforms have addressed access needs of vulnerable populations including people with chronic conditions. The initial research, which showed that telehealth delivers “on its promise to provide accessible and effective care,” drew on the health systems’ data on more than 4.1 million in-person and digital health adult primary care visits from 2019 to 2021 and data from payers.⁵ The results suggest that the availability of telehealth services does not mean patients are increasing their primary care visits, and use of telehealth should be supported by federal policies.⁶

When healthcare consumers have a better and more consistent experience, they tend to trust the information they receive. Payers, providers, and health tech companies all have an opportunity to play pivotal roles that greatly influence how a member/patient will respond.

Consistency is key in using content to drive outcomes

Medical content plays a critical role in building trust throughout the patient experience. When patients encounter the same information from multiple sources, they’re more likely to trust it. When information is inconsistent, it’s difficult for them to determine which source is correct.

Payers and providers can improve the experience by providing consistent and accurate content to help educate patients. A good starting point is to compare content that patients encounter from different sources.

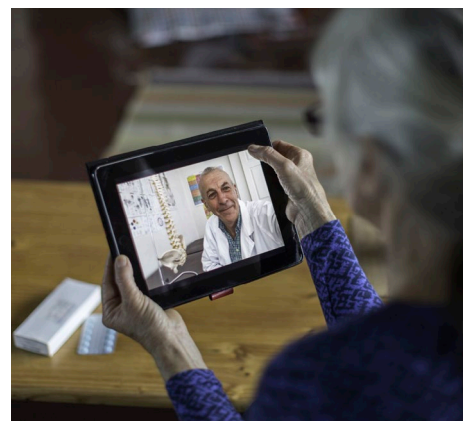
Information should be the same for in-person and virtual visits, as well as on the providers’ website, patient portal, app, other digital tools, and across payers’ care management efforts. Similarly, payers’ care management program content and member outreach resources should align with one another and with the messaging shared by providers.

“If a member is hearing something from their provider and they’re also hearing the same thing from their payer, that raises trust,” Combs said. “Having content harmonized means that it might use different words, but it’s saying the same thing so that the different vantage points of all the different entities provide the same information translated into their respective views and create context so that they can be absorbed and aligned. The underlying science and medicine underneath all of those are consistent and harmonized.”

Medical content also needs context to be fully understood and trusted. It should come from a place of empathy and a desire to improve health equity without demonstrating explicit or implicit bias toward any group. Information should also be adaptable and consider the diverse experiences of various users.

Partnerships also provide an opportunity to align the patient experience and ensure that the needs of all types of people are being met. For instance, health systems and community health centers can forge partnerships to combat medical mistrust among historically underrepresented groups, which can improve equity and health outcomes.⁷

These efforts can help ensure the consistency of medical content and harmonize the care journey for everyone involved.



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Allison Combs,
Head of Product - Payer,
Wolters Kluwer, Health

Evidence in the misinformation era

Medical information is more trusted when curated by an objective source. This is particularly problematic when misinformation is widespread and could affect medically related decisions and health outcomes.⁸ Misinformation has rapidly proliferated in speed and scale in recent years, fueled by a changing environment that includes increased engagement with social media and search engines.

Researchers have also found that distrust of institutions, anxiety, and confusion drive people to believe medical myths that may be harmful.⁹ Further, people are often guided by their intuition rather than trusting that information is valid or critically thinking about it. Strong personal beliefs and familiarity with information, regardless of whether it is valid, also play roles.¹⁰ All the more reason for stakeholders to act.

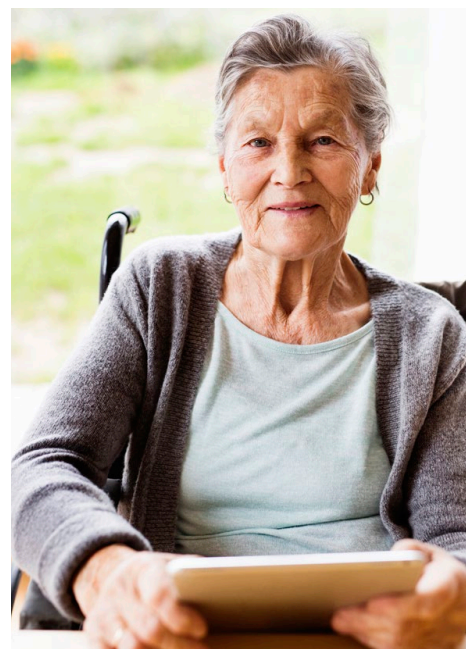
“It really comes back to communication and having a common understanding of what the person’s journey should be with respect to whatever condition or concern that they have and trying to identify the best solutions in order for them to continue down that journey,” Combs said. “It is in our vested interest to make sure that all those entities — payers, providers, members, and digital health companies — have the most current evidence-based content in which to make those decisions. It goes a long way toward eliminating confusion and enhancing so people can get back to focusing on their health instead of focusing on how to navigate that sea of options.”

Misinformation thrives in the absence of easily accessible and credible information. When people look for information online and see limited or contradictory search results, they may be confused or misinformed. Developing credible and trusted medical content is an entirely different discipline from user design and technology development — and thus is often the missing piece in the digital health puzzle.¹⁰

A more trustworthy healthcare system

As healthcare misinformation persists, re-establishing trust in the information provided and published by healthcare entities is critical to member and patient care across the healthcare ecosystem. When payers, providers, and their partners collaborate and not just inform members of their options, but also surround them with all the right care options they need, everyone benefits. Exposure to clear and consistent content helps develop trust and leads to better healthcare decisions.

Providing consistent and accurate medical content can be the catalyst that aligns these efforts and harmonizes them across the care journey. And knowing that each entity in the ecosystem bears the same responsibility can help everyone involved reach the preferred destination faster.



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References

- ¹“Confronting Health Misinformation: The U.S. Surgeon General’s Advisory on Building a Healthy Information Environment.” 2021. Retrieved Dec. 15, 2022, from <https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf>
- ²Minemyer, Paige. “J.D. Power: Health plans have work to do in communicating with members.” Fierce Healthcare. May 26, 2022. Retrieved Nov. 27, 2022, from <https://www.fiercehealthcare.com/payers/jd-power-health-plans-have-work-to-do-communicating-members>
- ³Bestsenny, Oleg, et al. “The untapped potential of payer care management.” McKinsey & Co. Jan. 25, 2021. Retrieved Dec. 16, 2022, from <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/the-untapped-potential-of-payer-care-management>
- ⁴Bruce, Giles. “Telehealth diagnosing highly accurate, Mayo Clinic study finds.” Becker’s Hospital Review. Sept. 2, 2022. Retrieved Nov. 26, 2022, from <https://www.beckershospitalreview.com/telehealth/telehealth-diagnosing-highly-accurate-mayo-clinic-study-finds.html>
- ⁵Wicklund, Eric. “MedStar Health, Intermountain, and Stanford Medicine expand AHRQ-funded telehealth study.” Health Leaders Media. Sept. 28, 2022. Retrieved Nov. 26, 2022, from <https://www.healthleadersmedia.com/innovation/medstar-health-intermountain-and-stanford-medicine-expand-ahrq-funded-telehealth-study>
- ⁶Dixit, Ram, et al. “The impact of expanded telehealth availability on primary care utilization.” Nature. Sept. 9, 2022. Retrieved Nov. 27, 2022, from <https://www.nature.com/articles/s41746-022-00685-8>
- ⁷“Reducing health disparities through community health center partnerships.” Wolters Kluwer. Sept. 14, 2022. Retrieved Nov. 25, 2022, from <https://www.wolterskluwer.com/en/expert-insights/reducing-health-disparities-through-community-health-center-partnerships>
- ⁸Sullivan, Matt. “The battle for consumer trust: How digital health tech can combat medical misinformation.” Wolters Kluwer. May 10, 2022. Retrieved Nov. 28, 2022, from <https://www.wolterskluwer.com/en/expert-insights/the-battle-for-consumer-trust-how-digital-health-tech-can-combat-medical-misinformation>
- ⁹Boyle, Patrick. “Why do people believe medical misinformation?” AAMC. Nov. 3, 2022. Retrieved Dec. 12, 2022, from <https://www.aamc.org/news-insights/why-do-people-believe-medical-misinformation>
- ¹⁰Ecker, Ulrich K.H., et al. “The psychological drivers of misinformation belief and its resistance to correction.” Nature. Jan. 12, 2022. Retrieved Jan. 13, 2023. <https://www.nature.com/articles/s44159-021-00006-y>