

## Do Patients Trust Their Providers?

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### At a Glance

- Most nonelderly adults say they trust their providers, with roughly 40 percent rating their trust a 9 or 10, where 10 indicates complete trust.
- Adults with a chronic condition or disability have higher trust in their providers than those without such health problems.
- Higher-income adults and white, non-Hispanic adults have higher trust in their providers than low-income adults and adults of other racial/ethnic backgrounds.

A core component of the doctor-patient relationship is the patient's faith in the advice and treatment recommended by the doctor. Studies show that trust in providers predicts healthy behaviors, acceptance of physician recommendations, and adherence to treatment (Berry et al. 2008; Safran et al. 1998; Thom, Hall, and Pawlson 2004), and that trust varies across demographic and socioeconomic subgroups, including by race/ethnicity, gender, and educational attainment (Armstrong, Putt, et al. 2013; Armstrong, Ravenell, et al. 2007; Boulware et al. 2003; Hughes-Halbert et al. 2006). Trust also varies by the aspect of trust measured, such as honesty, technical expertise, and interpersonal competence (Armstrong, McMurphy, et al. 2008; Sewell 2015; Stepanikova et al. 2006). Lack of trust in providers could exacerbate disparities in health and health care for already vulnerable populations if it interferes with receipt of needed care or compliance with a care plan. Moreover, proposed patient-centered reforms to health care delivery, such as shared decisionmaking and the medical home model, rely on patient-provider trust in making care decisions (Epstein et al. 2010; Légaré and Witteman 2013; Levinson, Lesser, and Epstein 2010; Scholle et al. 2010). In this brief, we explore patients' assessments of their trust in their providers.

### What We Did

This brief draws on data from the September 2016 Health Reform Monitoring Survey (HRMS),<sup>1</sup> which asked respondents how much they trust their providers. All adults in the sample were randomly assigned to one of four groups; each group was asked a different version of a question about their trust in the doctor or other health care provider they see most often for their health care. The different versions were based on a supplemental question from the Consumer Assessment of Healthcare Providers and Systems (CAHPS),<sup>2</sup> and assignment was randomized to test whether respondents' ratings of trust in their provider differed significantly when they were asked to assess different concepts of trust. Here, we focus on three versions of the trust question.<sup>3</sup> The groups were asked to rate on a scale of 0 to 10, where 0 indicated that they did not trust their provider at all and 10 indicated that they trusted their provider completely,

1. how much they trust their provider;
2. how much they trust their provider with their health care; or

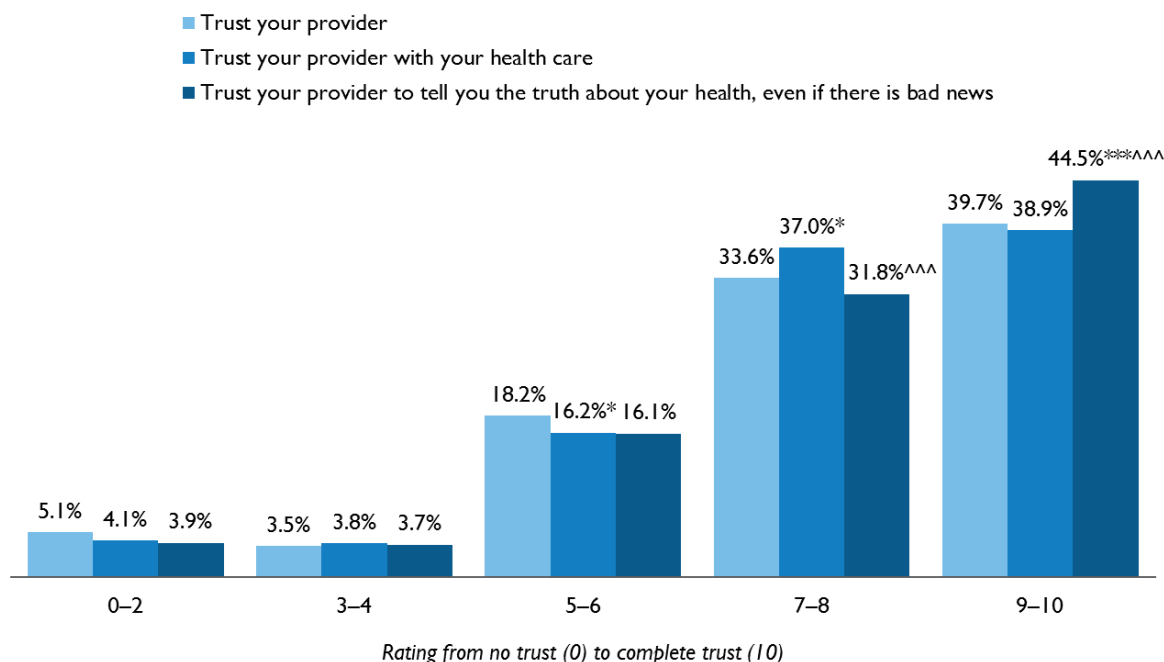
3. how much they trust their provider to tell them the truth about their health, even if there was bad news.

We examine patients’ ratings of trust in their usual provider across these three versions of the question. The sample for the analysis is all 6,114 nonelderly adults.<sup>4</sup> Like all survey data, these are self-reported assessments, based on the patient’s perspective of the patient-provider relationship.

## What We Found

*Most nonelderly adults say they trust their providers, with roughly 40 percent rating their trust a 9 or 10.*

**Figure 1. Nonelderly Adults' Ratings of Trust in Their Usual Provider in Response to Three Versions of a Survey Question**



Source: Health Reform Monitoring Survey, quarter 3 2016.

\*/\*\*/\*\*\* Estimate differs significantly from estimate for "trust your provider" at the 0.10/0.05/0.01 level, using two-tailed tests.

^^/^^/^^^ Estimate differs significantly from estimate for "trust your provider with your health care" at the 0.10/0.05/0.01 level, using two-tailed tests.

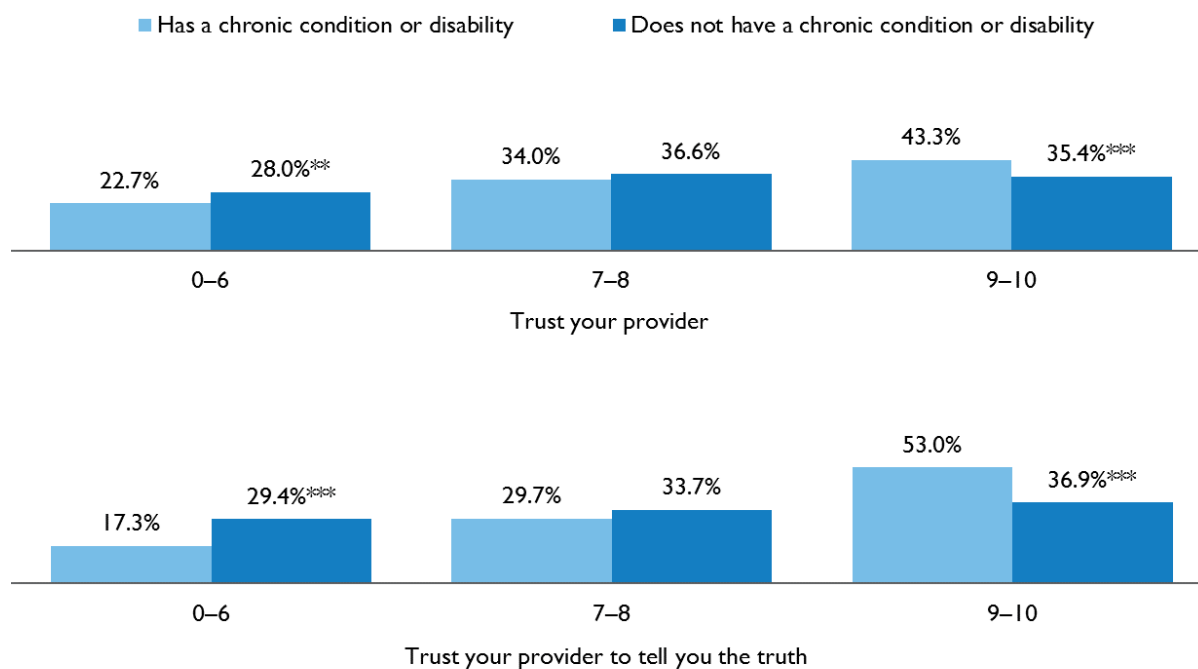
Trust in providers was high among nonelderly adults across all three versions of the trust question (figure 1). The median response category was a rating of 7–8 on the 0 to 10 scale. Approximately 40 percent of adults rated their trust in their usual provider a 9 or 10, and less than 20 percent gave ratings in the middle of the scale, at 5 or 6. Less than 10 percent of adults gave low ratings, from 0 to 4. Adults who gave trust ratings below the median category of 7–8 tended to be younger, nonwhite, and low-income, as shown in Bart and Long (2017b).

Though trust ratings were similar across the different question versions, the responses for “trust your provider to tell you the truth about your health, even if there is bad news” differed significantly from the responses for the other two versions of the question; adults asked the “truth” question were more likely to give a rating of 9 or 10 (44.5 percent versus 39.7 percent and 38.9

percent for the other two versions of the question). Ratings for the two general trust questions (“trust your provider” and “trust your provider with your health care”) were generally similar across the overall population and across population subgroups (data not shown). Thus, for the rest of this brief, we combine the samples for “trust your provider” and “trust your provider with your health care” to focus on a single measure of “trust your provider.” We then focus on the overall measure of “trust your provider” and separately on the measure of “trust your provider to tell you the truth even if there is bad news.”

*Adults with a chronic condition or disability have higher trust in their providers than those without such health problems.*

**Figure 2. Comparison of Nonelderly Adults' Ratings of Trust in Their Usual Provider, by Chronic Condition or Disability Status**



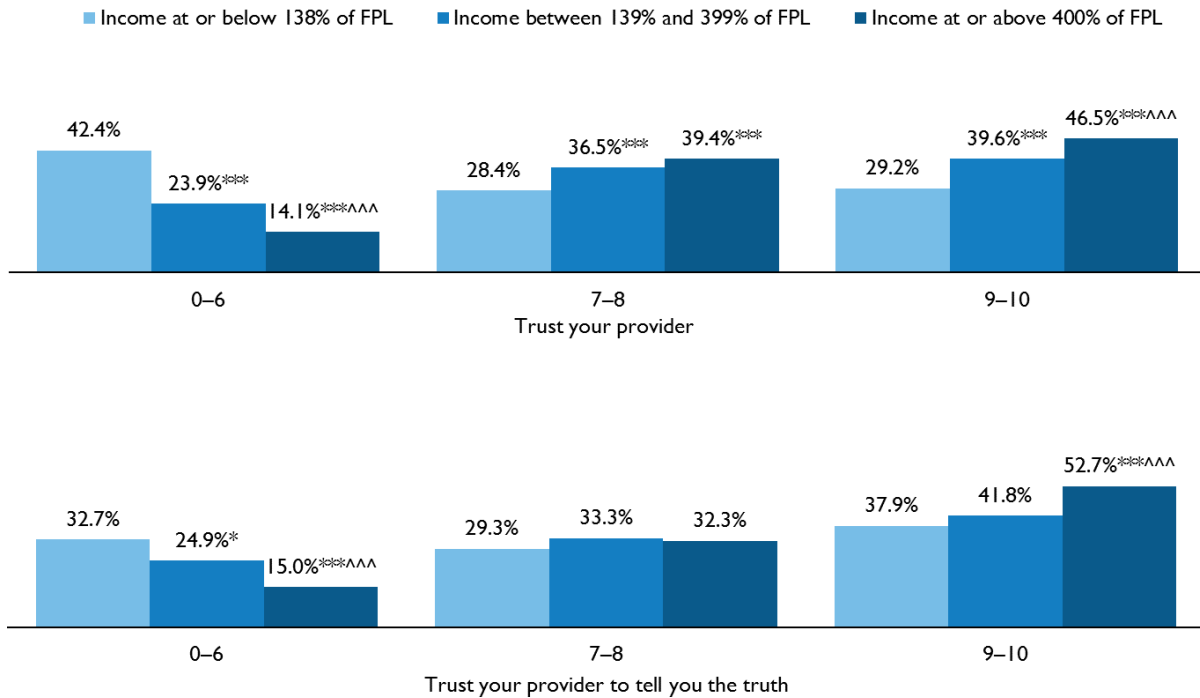
Source: Health Reform Monitoring Survey, quarter 3 2016.

\*/\*\*/\*\*\* Estimate differs significantly from estimate for "has a chronic condition or disability" at the 0.10/0.05/0.01 level, using two-tailed tests.

Adults with a chronic condition or disability differed significantly from those without in how they rated their trust in their provider and how they rated their trust in their provider to tell them the truth about their health, even if there was bad news. Adults with health problems were more likely than those without to rate their trust in their provider a 9 or 10 (43.3 percent versus 35.4 percent), and more likely to rate their trust in their provider to tell them the truth about their health a 9 or 10 (53.0 percent versus 36.9 percent; figure 2). Although we cannot determine the causes of these differences in trust, the higher trust ratings among adults with a chronic condition or disability may reflect more frequent interactions with providers and, specifically, more frequent contact that included bad news.

*Higher-income adults and white, non-Hispanic adults have higher trust in their providers than low-income adults and adults of other racial/ethnic backgrounds.*

**Figure 3. Comparison of Nonelderly Adults' Ratings of Trust in Their Usual Provider, by Family Income**



Source: Health Reform Monitoring Survey, quarter 3 2016.

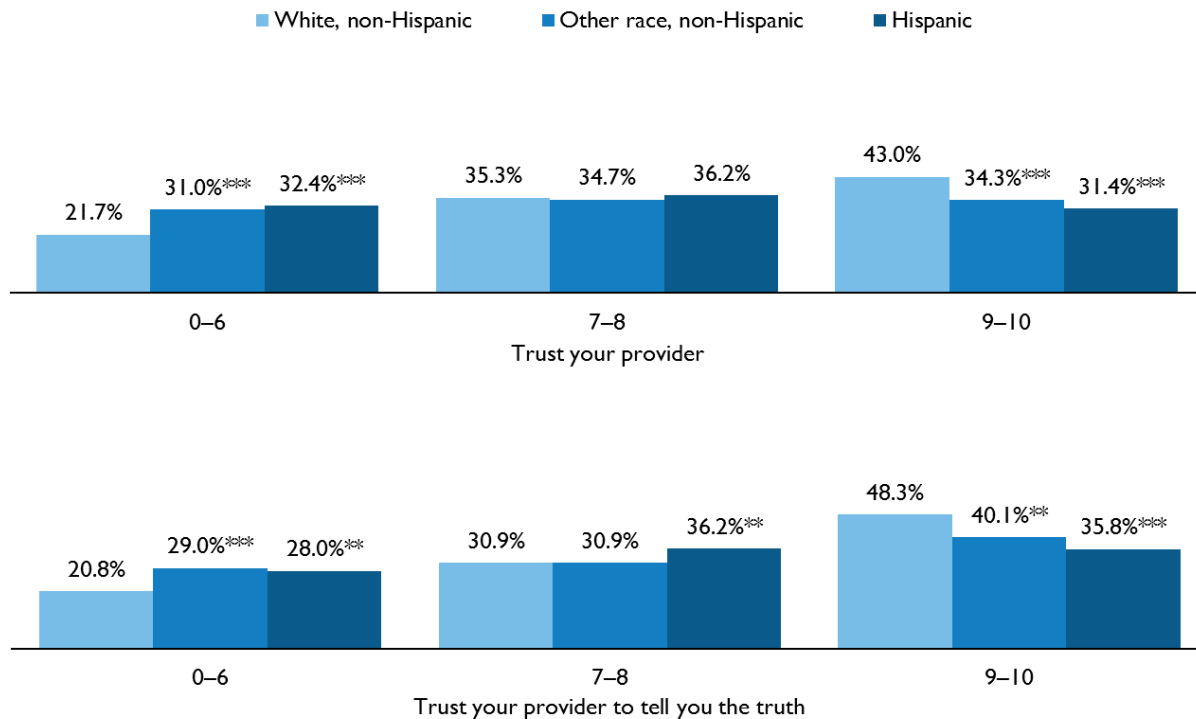
Notes: FPL = federal poverty level.

\*/\*\*/\*\*\* Estimate differs significantly from estimate for adults with family income at or below 138% of FPL at the 0.10/0.05/0.01 level, using two-tailed tests.

^/^/^ Estimate differs significantly from estimate for adults with family income between 139% and 399% of FPL at the 0.10/0.05/0.01 level, using two-tailed tests.

Ratings of trust in providers and trust in providers to tell the truth about patients' health differed significantly across family income groups. Only about three in ten adults with incomes at or below 138 percent of the federal poverty level (FPL) rated their trust in their provider a 9 or 10, compared with 40 percent or more of higher-income adults (figure 3). Similarly, 37.9 percent of low-income adults and 41.8 percent of moderate-income adults rated their trust in their provider to tell them the truth about their health a 9 or 10, compared with over 50 percent of adults with high incomes.

**Figure 4. Comparison of Nonelderly Adults' Ratings of Trust in Their Usual Provider, by Race/Ethnicity**



Source: Health Reform Monitoring Survey, quarter 3 2016.

\*\*\* Estimate differs significantly from estimate for white, non-Hispanic adults at the 0.10/0.05/0.01 level, using two-tailed tests. We found no significant differences in estimates for Hispanic and other non-Hispanic adults at the 0.10 level.

Ratings of trust in providers and trust in providers to tell the truth about patients' health also differed significantly across racial/ethnic groups. White, non-Hispanic adults were more likely than adults of other racial/ethnic backgrounds to report trust ratings of 9 or 10 on both measures (figure 4). We found no significant differences in trust ratings between other non-Hispanic adults and Hispanic adults on either measure.

### What It Means

Patients' trust in their providers is generally high. The median rating category was 7–8, and fewer than one in ten adults reported trust below 5 on a 0 to 10 scale, regardless of the wording of the question. Adults with a chronic condition or disability were more likely than those without to report high trust in their providers; this may be because they have more frequent interactions with their providers, and their relationships with providers have higher stakes overall. Although most groups gave ratings of 7 or higher, low-income adults were less likely to trust their providers than higher-income adults, and adults of minority racial/ethnic backgrounds were less likely to trust their providers than white, non-Hispanic adults. With the increasing emphasis on models of care that depend on trust between patients and providers, it is important to recognize these gaps in patient trust and develop strategies to narrow those gaps, particularly for vulnerable populations who already face disparities in health care access and use.

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## About the Series

This brief is part of a series drawing on the HRMS, a survey of the nonelderly population that explores the value of cutting-edge Internet-based survey methods to monitor the ACA before data from federal government surveys are available. Funding for the core HRMS is provided by the Robert Wood Johnson Foundation and the Urban Institute.

For more information on the HRMS and for other briefs in this series, visit [www.urban.org/hrms](http://www.urban.org/hrms).

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## Notes

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<sup>1</sup> The data collection period for the September 2016 round of the HRMS extended into October and November for a small share of the sample.

<sup>2</sup> The question versions are variations on the following CAHPS supplemental question: “Using any number from 0 to 10, where 0 means that you do not trust this provider at all and 10 means that you trust this provider completely, what number would you use to rate how much you trust this provider?” (AHRQ 2012).

<sup>3</sup> Another version of the question asked how much patients trust their provider to be able to tell them the costs of different treatments when more than one treatment option is available. We analyze that question separately in Bart and Long (2017a).

<sup>4</sup> Fifty-nine respondents (about 1 percent of the sample) did not respond to the question; they are excluded from the analysis.