



Building Trust in Healthcare

Ethisphere BELA

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Outline

- Does trust matter?
- Aren't we trusted?
- How do we get better?
 - How we behave internally
 - How we behave as an industry/sector
 - How we behave towards patients

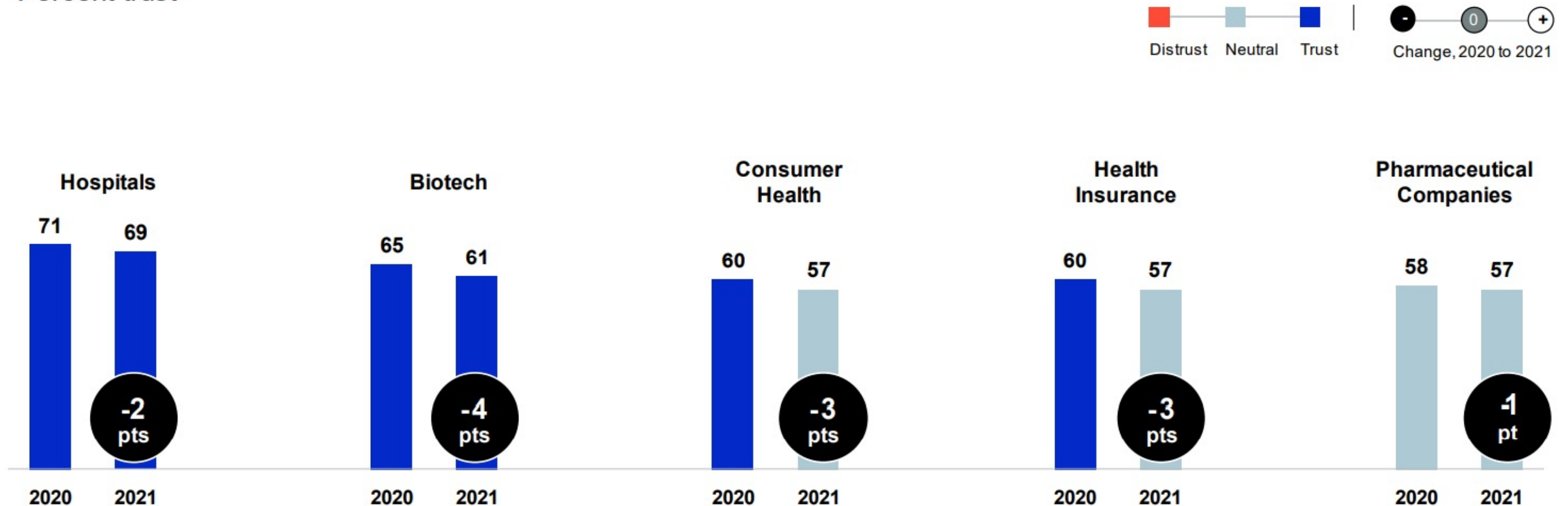
Does trust matter?

- When people don't trust in their healthcare system...
 - They only engage when they have to – this is often too late, resulting in more complex diagnosis and treatment, higher costs, and worse outcomes
 - They are not compliant or adherent, resulting in complications, worse outcomes, and higher costs
 - They don't take preventive measures, resulting in worse outcomes and higher costs
 - They don't participate in research, slowing improvements and innovation
 - They don't believe in the value of their healthcare

Aren't we trusted?

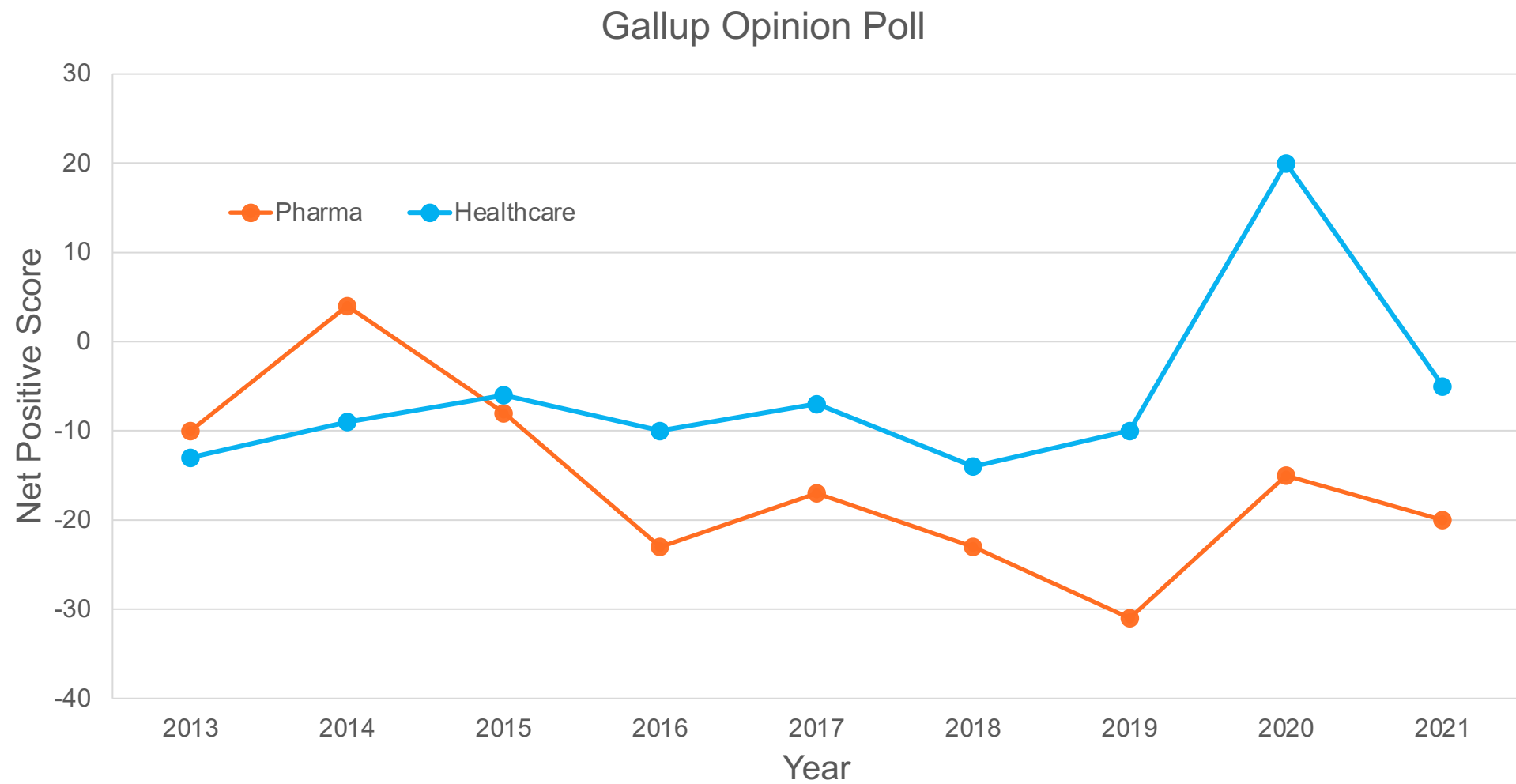
TRUST DECLINES ACROSS HEALTHCARE SUBSECTORS

Percent trust



2021 Edelman Trust Barometer. TRU_SUB_HEA. Now thinking about specific sectors within the health industry, please indicate how much you trust businesses in each of the following sectors to do what is right. 9-point scale; top 4 box, trust. Question asked of one-fifth of the sample. General population, 27-mkt avg.

Aren't we trusted?



23
25

13
24

19
23

Rank out of
25 industries

Aren't we trusted?

EXHIBIT 1

Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	3	10	8	5	2	6	1	7	9	4	11
Access to Care	8	9	7	3	1	5	2	6	10	4	11
Care Process	6	4	10	9	3	1	8	11	7	5	2
Administrative Efficiency	2	7	6	9	8	3	1	5	10	4	11
Equity	1	10	7	2	5	9	8	6	3	4	11
Health Care Outcomes	1	10	6	7	4	8	2	5	3	9	11

Data: Commonwealth Fund analysis.

Source: Eric C. Schneider et al., *Mirror, Mirror 2021— Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).

<https://doi.org/10.26099/01DV-H208>

Do we trust ourselves?

URGENT NEED TO ADDRESS VACCINE HESITANCY AMONG HEALTHCARE WORKERS

Percent who say they will take the COVID-19 vaccine within the next year, among sector employees

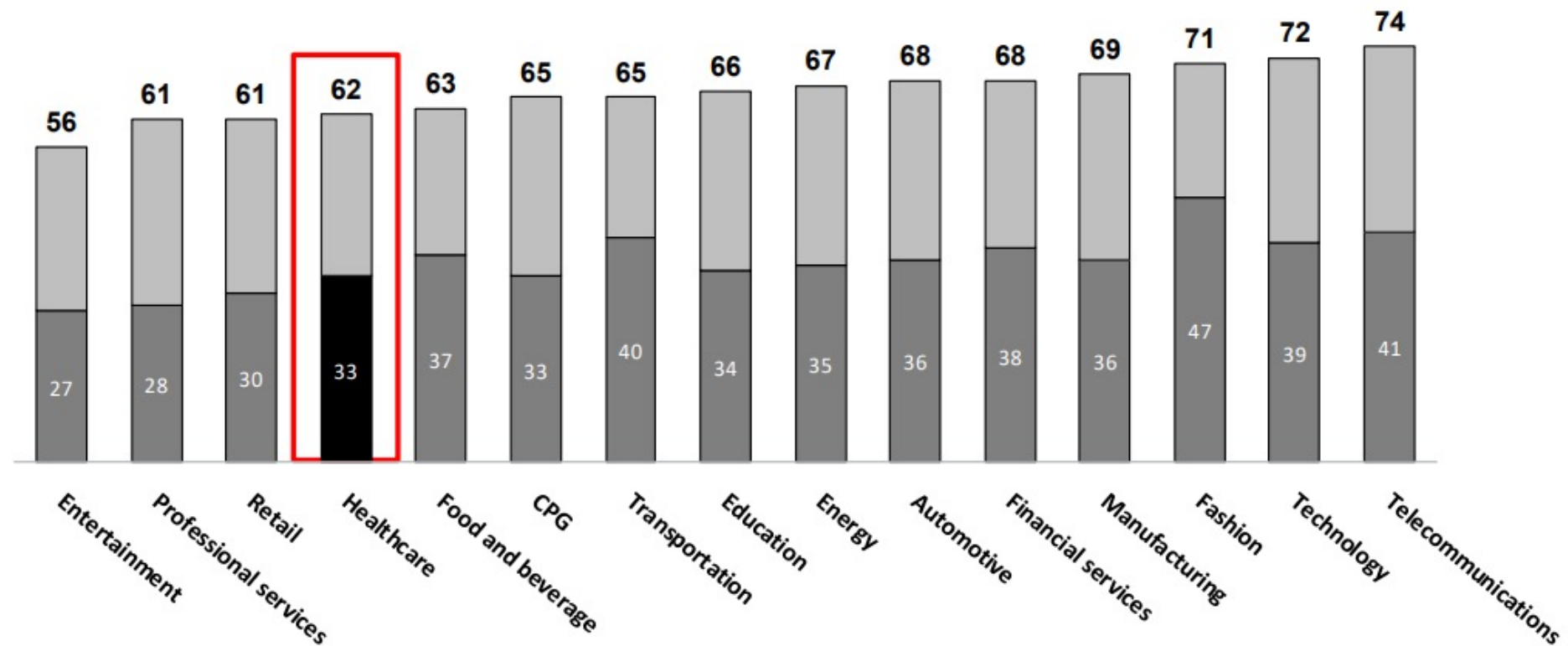
All employees, global 27

65%

Willing to vaccinate...

34	Six months to one year
31	As soon as possible

Only 1 in 3 ready to take the vaccine as soon as possible



Things people don't understand

- High prices - often unknown, questionable basis
- Hidden fees (i.e., unclear what is billable or optional)
- Complex system (manufacturer, wholesaler, PBM, pharmacy, insurer, provider)
- Rebates
- Negotiations

How do we get better?

- It's not about getting people to trust you, it's about being trustworthy
- We can't put the burden on others to trust us. We must accept the responsibility and accountability for earning trust

It starts with ourselves

- Internally
 - Are we trusted by our leaders and teammates?
 - Do we trust our leaders and teammates?
 - Culture: You can't expect others to trust you if you don't
- Intra-healthcare
 - Do we trust each other?
 - Pharma, insurers, regulators, etc.
 - What does that even look like?

Building trust externally

- Consistently behaving in a trustworthy manner is the best way to build trust
- Transparency is the first step
 - Otherwise, you are **asking** for trust instead of **earning** it
 - When you lack it, it looks like you are hiding something
- Mistrust is on the rise in general – there is an opportunity to differentiate as a sector
- People expect more from companies now than profits – they want to see ethics in practice

Example

- Diversity and inclusion in clinical trials
 - We need clinical trials to innovate
 - We need diverse patients in our trials to understand how effective and safe our medicines may be for people like them
 - Minorities make up ~40% of the U.S. population but less than 20% of research participants
 - Access to research, stemming from access to healthcare
 - Trust – history of exploitation and unethical experimentation on minority populations (e.g., Tuskegee Syphilis Study, Henrietta Lacks)

What can we do?

At Lilly, we have the following goals:

- create a robust clinical trial strategy and reach diverse populations
 - We aim for each trial's participants to match the composition of the U.S. patient population that might use the medicine if approved
- intentionally select a diverse range of trial sites and investigators
 - We aim to recruit more clinical trial investigators and external advisors who are women or from racial/ethnic minority populations, with the interim goal of matching the US Physician demographics in terms of gender and race/ethnicity.
- increase diverse representation through partnerships and collaboration
 - We collaborate with patients, patient advocacy groups, regulatory agencies, health care professionals and community organizations to identify and implement solutions that will result in diverse representation, improve health equity and generate evidence to support better patient outcomes.

What else can we do to build trust in healthcare?

