

The Art of Health Promotion

practical information to make programs more effective



January/February 2008

The “Trusted Clinician”: An Alternative Approach to Worksite Health Promotion?

Raymond Fabius, MD; Sharon Glave Frazee, PhD

Setting the Stage

There is a special relationship that develops between a clinician and patient, especially in a primary care setting. The clinician-patient relationship consistently ranks as one of the most important in the lives of people, second only to family and friends. In a 2003 study of relationships and health care, 78% of Americans responded that their relationships with their doctors were “extremely important” or “very important” to them.¹ As trusted sources of health information, clinicians have even more importance. Doctors and pharmacists were ranked first and second to Americans as the most important sources of health information, as trustworthy providers of health information, and as the sources from whom Americans would be willing to follow health recommendations and advice.

As employers continue to struggle with solutions to the problem of rising health care costs, many are considering bringing primary care services into the worksite. This development has implications for worksite health promotion because it potentially provides a quite different approach to health promotion for working populations. In this issue of *The Art of Health Promotion*, we examine the potential of a “trusted clinician” approach as a method of providing health promotion in work settings.

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What is a Trusted Clinician?

Patients base trust in their clinicians on the belief that they are honest and competent, will act in their patients’ best interests, and preserve their patients’ confidentiality.² Patients look to their primary care physicians or other trusted clinicians, such as a nurse, therapist, physician



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Publisher	Michael P. O’Donnell, PhD, MBA, MPH

assistant, nurse practitioner, or pharmacist, as sources of reliable information and advice, for care when they are sick, and as advocates for their health and well-being. Americans' confidence in physicians exceeds that of other societal leaders including those from government, industry, financial, and religious sectors. This confidence and trust in physicians specifically extends to even the most sensitive and personal health data such as genetic information. A 2007 study by the Johns Hopkins Genetics and Public Policy Center found that 86% of 1199 adults surveyed trusted their doctors to have access to their genetic test results compared with only 66% trusting genetic researchers and less than 25% trusting either their health insurers or employers with this information.³

Primary care is usually a patient's first point of contact with the health system. For some groups, particularly chronically ill patients, minorities, and lower-income Americans, a strong trusted clinician relationship is crucial to obtaining needed health services that otherwise might not be received.⁴ Primary care is defined by the Institute of Medicine as "sustained partnerships" with essential attributes of comprehensiveness, coordination, and accessibility.⁵ Much has recently been written about the concept of the "medical home."⁶⁻¹⁰ This concept refers to the place where the individual receives his/her primary health advice over time. The sustained nature of primary care, more frequently referred to as continuity of care, is what helps the trusted relationship develop. Clinicians come into direct and intimate contact with people during their most vulnerable moments and help them resolve health challenges. Over time, a bond can be formed that affects not only the patient but also the provider, as each must trust the other to comply with their respective roles in ensuring the patient's personal health and well-being.

Beyond the intrinsic value that important relationships play in the lives of humans, the trusted clinician relationship can have extrinsic value because it has been linked to patient satisfaction, adherence to treatment, continuity of care with the same physician, and improved health.¹¹ This important, trusted relationship can potentially lead to effective communication and can provide the emotional nurturing that is often just as important as physical care in

improving health and producing better clinical outcomes.¹² Trusted clinicians are in a unique position that can actually alter patients' perceptions about their health and increase feelings of self-efficacy, empowering and motivating patients to engage in health-promoting behaviors that in turn improve health and can reduce risks of developing other conditions. Although there are other health providers and programs, such as telephonic disease management, health coaches and advocates, and web-based health tools, that also have the ability to promote healthy behaviors, these providers and programs do not typically supersede the trusted clinician relationship. Rather, these providers and programs serve to augment and support, but not replace, the trusted clinician-patient relationship that helps establish the "medical home."

The Trusted Clinician and Prevention-oriented Care

The importance of the trusted clinician has been demonstrated in patient acceptance and receipt of preventive services that promote health or protect against further declines in health. Although the percentage of the U.S. population who receive evidence-based clinical preventive services has improved over the past 10 years, goal levels outlined in Healthy People 2000 have yet to be attained.¹³

Trusted clinicians deliver health promotion/disease prevention messages on three levels: Primary, secondary, and tertiary prevention. Primary prevention measures, such as immunizations and wellness counseling to promote safe and healthy lifestyles or precursors to illness and/or injury, are designed to prevent disease. An example of the latter is counseling to eat more fruits and vegetables or to always wear a seatbelt when riding in a motor vehicle. Primary prevention is typically considered to be one of the most cost-effective forms of health care in the long term. Secondary prevention interventions are designed to detect and treat asymptomatic persons who already have risk factors or preclinical disease but who do not yet exhibit clinical symptoms of the disease or condition. The most common secondary prevention activities are screenings such as those done for breast or prostate cancer, hypertension, or hyperlipidemia. Many of the diseases targeted by secondary prevention have significant latency periods in which patients are asymptomatic; however, early detection can provide for a more favorable and less intrusive or costly course of treatment. For example, it is estimated that people with type 2 diabetes carry their illness untreated for 4 to 7 years before diagnosis.^{14,15} Screening by measuring fasting blood sugars could markedly decrease the amount of time during which the disease is undiagnosed. Tertiary prevention is directed at those with established diseases with the goal of restoring the patients to the highest level of functional health possible, minimizing the negative effects of the disease and preventing complications. Examples of tertiary prevention include promoting



The Art of Health Promotion is published bi-monthly as part of the American Journal of Health Promotion, by the American Journal of Health Promotion, Inc., 1120 Chester Avenue, Ste. 470, Cleveland, OH 44114. Annual subscriptions to the combined publication are \$99.95 for individuals, \$119.95 for institutions in the United States, and \$19 higher for Canada and Mexico and \$29 higher for Europe and other countries. Copyright 2005 by American Journal of Health Promotion; all rights reserved. To order a subscription, make address changes, or inquire about editorial content, contact the *American Journal of Health Promotion*, P.O. Box 15265, North Hollywood, CA 91615, Phone: 800-783-9913.

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compliance to treatment and disease management programs for chronically ill patients. At each point of prevention, patients are more likely to obtain needed care and then comply with recommendations or treatment plans when they have a strong relationship with their trusted clinicians.

Trusted Clinicians Can Contribute to Behavior Change

Many studies have demonstrated that trusted clinicians can have positive impacts on changing behaviors. In addition, the ways in which people think and feel about their health can actually be impacted by interactions with trusted clinicians. The trusted clinician-patient relationship promotes active rather than passive patient participation in treatment, a process that has been shown to decrease the number of limitations on the patients' functional abilities and to make the patient part of the medical decision-making team rather than just a recipient.¹² This is particularly important for patients with chronic diseases which, by their persistent nature, require patients to acquire knowledge, skills, and confidence to manage their diseases on a daily basis.

Whether it is through helping patients change unhealthy lifestyles and behaviors, early detection, or increasing compliance to treatment, the direct influence of the trusted clinician can make an appreciable difference and can generate tremendous value to patients, their employers, and society at large.

The Trusted Clinician and Evidence for Improved Health Outcomes

The importance of the clinician-patient relationship has been demonstrated in many areas, including patient acceptance and receipt of preventive services, smoking cessation, substance abuse treatment, dietary management and weight loss, mammography screening, diabetes care, engagement in disease management programs, and medication compliance. Although a meta-analysis of the findings of research is beyond the scope of this article, examples of selected research findings in these areas are highlighted.

The importance of preventive care is widely accepted, particularly in the area of immunizations for children. Christakis et al.¹⁶ found that having a trusted clinician was associated with timelier measles-mumps-rubella vaccination of children. Of particular interest is the additional impact the trusted clinician has on immunizations of less socioeconomically advantaged children covered by Medicaid. The authors of this study have posited that the trusted clinician who is the child's regular provider of care is able to provide timely vaccinations because they have increased provider-patient rapport. This rapport can make administration of the vaccine more feasible in situations in which

parents might otherwise be resistant, such as during an acute care visit; parental compliance with physician recommendations is higher when it is their trusted primary physician making such recommendations. In addition, provider-patient rapport can actually facilitate well-child visits. This is because parents are more willing to bring their child in a nonacute situation to a provider to which they feel more bonded, and clinicians who see a patient regularly have more of a stake in the health of that patient which might promote greater interest in ensuring expeditious administration of vaccinations. Similar findings with other types of immunizations have been found as well.¹⁷ Certainly a portion of the relevance of these findings applies to the care of working adults and their family members.

Despite years of health warnings, legislation to ban smoking in many public places, and increased tax pressures on tobacco use, smoking remains a very common habit in the United States. Recent estimates show that 20.9% of all adults (45.1 million people) smoke despite smoking being the major modifiable risk factor for a number of diseases.¹⁸ Trusted clinicians can play a significant role in helping people quit smoking. Even something as simple as a brief advice session by a trusted clinician has shown average cessation rates of 8.4%; with studies of more rigorous physician advice to quit smoking, cessation rates up to 14.7% have been observed, approximately double the cessation rates without clinician advice.¹⁹ This is potentially more effective than many other tobacco control policies, such as increasing federal excise taxes on tobacco, banning smoking in the workplace, and banning smoking in public places (e.g., restaurants). In fact, simply diagnosing tobacco dependence and sharing that information with a patient can trigger a number of patients to quit smoking especially when clinicians personalize the patient's risk factors for tobacco-associated illness and emphasize the direct benefits of quitting.²⁰ When patients actually attempt to quit and seek therapeutic support for cessation, the evidence suggests that smoking cessation treatment delivered by clinicians can double typical long-term abstinence rates.²¹ Concerns expressed by clinicians about offending patients if they advise them to quit smoking have been shown to be unfounded. Rather, most studies show that smokers, even those with no intention to quit, want to be encouraged by health professionals to cease using tobacco products.²²

Other types of addictions such as alcohol and drug abuse can also be impacted by the trusted clinician. Reiff-Hekking et al.²³ found that screening and very brief (5–10 minutes) advice and counseling delivered by a patient's personal physician or nurse practitioner as a routine part of a primary care visit can reduce alcohol consumption by high-risk drinkers. Alcohol and drug dependence are often chronic illnesses with relapsing and recurring cycles. As with many other chronic conditions, such as diabetes and hypertension, a relationship with a trusted primary care clinician can have a positive effect on reducing the adverse effects of alcohol and drug dependence. There is even promising new

research that indicates that the trusted relationship with a primary care clinician is associated with lower addiction severity and diminished odds of continued substance abuse for patients discharged from residential substance abuse treatment programs.²⁴ According to the National Health Interview Survey,²⁵ approximately 81% of adults in the United States have at least one office visit to a doctor or other health professional each year; therefore, trusted clinicians have significant opportunities to intervene and reduce unhealthy behaviors such as addictive tendencies.

Obesity is a major risk factor for many diseases and is now reaching epidemic levels in the United States. Dietary management and weight-loss counseling are extremely important to the ever increasing number of Americans with chronic disease because obesity not only increases the risk for developing diseases such as arthritis, cancer, diabetes, hypertension, and heart disease but also increases the risk of complications from these diseases. Whereas convincing people to change their diets and maintain these changes over time is difficult as demonstrated by the multibillion dollar weight-loss industry, the advice and support of the trusted clinician has the potential of a significant effect for at least some patients, as shown in studies of clinician influence on patients with chronic diseases making positive dietary changes to reduce body weight.²⁶

Cancer screenings such as mammography have been instrumental in reducing death rates for many diseases by allowing diagnosis during early, asymptomatic stages when treatment is most effective and least invasive. Having a physician recommend mammography screening is one of the most consistent and strongly associated predictors of screening among women of all income and demographic groups. However, like immunizations, without the involvement of a trusted clinician, women are much less likely to have regular mammograms.²⁷ This is particularly important for minority and low-income Americans, who are the least likely to be screened and have higher death rates from cancer. For these groups in particular, clear, positive messages from trusted clinicians on the importance of screening for breast, cervical, and colorectal cancer are the most effective way to ensure that screening occurs.²⁸

For patients with chronic diseases, such as diabetes, the involvement of the trusted clinician has a dramatic effect on outcomes, patient satisfaction with care, and overall quality of life. The relationship with a trusted clinician can help ensure that periodic primary care sessions designed to meet the complex needs of those with chronic disease are met and that complications are prevented or delayed.²⁹ The element of trust between a patient and clinician has been correlated with improved glycosylated hemoglobin test results in diabetic patients when controlling for age, sex, ethnicity, duration of disease, and presence of complications.³⁰ The trusted clinician relationship is also significant in ensuring that patients have annual: eye exams, foot

exams, at least two blood pressure measures, and lipid analyses, all important in reducing the devastating effects of complications from diabetes.¹⁹

Likewise, the trusted clinician has a tremendous influence on promoting engagement in disease management programs designed to educate patients to better manage their chronic diseases. A recent study³¹ found that when the trusted clinician was involved in promoting an integrated disease management program, engagement rates were three to five times higher than with traditional telephonic disease management. Improving the efficiency of contacting and engaging individuals in disease management programs can dramatically improve the overall impact of disease management programs, and a larger number of Americans could be assisted in successfully managing their diseases.

The trusted clinician is also important in adherence to medication therapy. Pharmaceuticals are a core component of most medical care, and patient compliance with recommendations to take medications varies considerably. Patients with a high level of trust in their physicians to act in their patients' best interests have medication compliance rates one-third higher than patients who do not share this trusted relationship with their primary care physicians.³² Even in the case of patients who are initially noncompliant with medication therapy, another visit to their trusted clinician is strongly linked with restarting therapy, especially when the visit is with the physician who initiated the drug regimen.³³ Medication adherence is affected by nonphysician clinicians as well. Pharmacists play a significant role as trusted clinicians in the area of medication adherence. This is understandable because pharmacists are uniquely positioned to educate patients on the importance of medication adherence, drawing on their expertise in prescription drugs and their knowledge of patient prescription fill and refill behavior.³⁴

Maximizing the Benefits of the Trusted Clinician in the Workplace

The trusted clinician generally plays a vital role in the health of people everywhere, but what better place to provide the benefits of the trusted clinician than at the workplace? There are distinct advantages to having the trusted clinician at the workplace. In early 2007 *Consumer Reports* found that patients want ease of access, availability, and a caring provider. This is exactly what primary care in the workplace can potentially offer because the clinicians are focused on specific populations, only need to understand either one or a limited number of benefit plans and formularies, and often are able to spend more time with patients than clinicians in community settings. Their patients go to work with their trusted clinician everyday, potentially increasing the bond between patient and clinician on a daily basis, unlike community clinicians who see their patients infrequently.

Trusted clinicians at the workplace also are more likely to understand the complexities and stresses of the workforce and can implement specific programs to mitigate medical issues. This includes company smoking policies, food management within the cafeteria, fitness programs, and even modifications in the employer's health benefit design.

In addition to increased access to healthcare, workplace health services are typically available at a lower out-of-pocket cost to the employee, which can encourage increased use of preventive services and more timely use of services for acute conditions. By building a healthcare relationship with the employee/patient, the trusted clinician can generate value for the employer by changing behaviors to those which improve lifestyle and increase compliance to optimal clinical protocols. The trusted clinician can impact primary, secondary, and tertiary prevention activities for the workforce at the worksite through encouragement of lifestyle change, providing healthcare screening, and increasing compliance with medical care associated with chronic diseases and conditions. Providing care management through trusted clinicians at the workplace potentially produces greater engagement, guided selection of health services, and increased behavior change. These, in turn, can potentially lead to improved productivity and healthcare outcomes.

Employers are beginning to recognize the potential value of trusted clinicians at the workplace to address many of the lifestyle and health problems that reduce the productivity of their workforce. For instance, employers are becoming more aware that obesity, lack of physical activity, and tobacco use adversely affect the health and productivity of their workforce, which ultimately hurts the businesses' bottom line. Employers are also starting to embrace the idea that health is not a cost—rather, it is an investment in human capital. Healthy and productive employees drive business performance; therefore, investing in health helps control expenses while enhancing human capital.

As a result, the popularity of workplace primary care provision has never been higher, with many employers providing an increasing number of health management services culminating with full-service primary care and pharmacy. Worksite health care is potentially emerging as the point of integration for the gamut of health-related services employers provide. With services ranging from risk management (e.g., medical surveillance exams) to workers' compensation and disability management to population health programs (e.g., wellness and preventive screening services), disease management, and health advocacy, having a trusted clinician who goes to work with you can be an invaluable asset to both employees trying to find the right solutions for their medical needs and to the employer who is trying to provide appropriate levels of services while managing the attendant costs.

The Role of the Trusted Clinician in Improving the Quality of Care

Employers are increasingly concerned about the quality of the care they are purchasing on behalf of their employees and family members. This is particularly important in rural areas where community health resources are often limited. Placing a health center within the workplace manned by trusted clinicians dedicated to the workforce provides an employer greater control on the quality of care. For example, if companies are interested in their employees benefiting from the use of electronic medical records (EMRs) or personal health records (PHRs), they could request that the many primary care doctors who treat their workers do so or they could place EMRs or PHRs within workplace health centers and create reimbursement structures to promote their use. Capturing the majority of the covered lives within a single primary care practice using well-trained, trusted clinicians at the worksite can potentially reduce variations in care and advance quality. Applying system process optimization techniques similar to the ones used within business such as continuous quality improvement, Toyota production system/Lean processing, and Six Sigma can produce benchmark efforts in medical delivery.³⁵

Beyond the quality of health care delivered directly at the workplace, leveraging the trusted clinician in referral management and health advocacy can have significant downstream impacts on quality. With the emergence of high-performance specialty and hospital networks as well as center of excellence services, it is now possible to get the right patient to the right provider in the right setting at the right time.

The Role of the Trusted Clinician in Enhancing Employee Productivity

Much has been written in the occupational health literature about treating the worker like an "athlete" and getting them back "on the field" as soon as possible. This requires a trusted clinician to understand that it is in the best interest of the employee to do so. By having a trusted clinician mobilizing all available medical resources to support a rapid return to work from illness or injury, days away from work are minimized. This includes using the continuum of physical fitness, work readiness, rehabilitation, and work hardening. By placing these trusted clinicians at the workplace, employees can access care without having to leave work. In most cases, this arrangement can save 2 to 4 hours for each acute care and/or follow-up visit. Recent studies have shown absenteeism rate reductions averaging 3 days per year for employees using workplace health care and health promotion programs.³⁶ One sign of the emerging

concern for access, quality, and improving productivity by placing trusted clinicians at the workplace is the increase in worksite-based primary care clinics. According to Watson Wyatt, a leading health benefits consulting company, and the National Business Group on Health in their joint 2007 report of trends and best practices in employer-sponsored health care benefit programs, 23% of companies surveyed already have on-site primary care clinics and an additional 6% plan to add them in 2008.³⁷ The trend toward on-site pharmacies is growing as well, with 14% of companies surveyed reporting existing on-site pharmacies and an additional 4% planning on them in 2008.³⁸

Conclusions

The trusted clinician, particularly in a worksite-based, primary care environment, can provide care that can make a significant difference in the lives of working Americans and in the productivity of our workforce. Efficacious medical care requires knowledge not only of people's medical histories but also an understanding of their responsibilities at work, home, school and insight into their health concerns, values, and beliefs. This knowledge, when evidenced in trusted clinicians, engenders trust by patients in the clinicians' integrity, competence, and role as the patients' advocate or agent. It is clear from research that the patient-physician relationship is deeply personal and potentially very influential.

The issue of trust in a clinician is likely to become more important with the move toward consumer-driven health care. Increased consumer empowerment and the information resources readily available through the Internet have caused more patients to investigate their own medical problems. WebMD, one of the leading providers of health information, has recently stated that more than 40 million unique users on average access their public web site (<http://www.webmd.com>) each month.³⁹ Patients are seeking and reading unprecedented amounts of health information. Some of this information is reliable and some less so. They, in turn, are asking a great number of questions during health care encounters. But informed patients are also those most likely to make good choices and comply with treatment and lifestyle recommendations made by clinicians. As consumer-driven health benefit programs promote active participation in health care decisions, the relationships between clinicians and patients becomes even more potentially valuable. Consumers need assistance in identifying reliable health information and drawing personal insight from these medical sources. Trusted clinicians are likely to be increasingly relied upon to help validate and interpret the person-centric "truth" from these various kinds of health information.

It is encouraging that many current research efforts support the direct role that the patient-clinician relationship plays in diagnosis and treatment in health care and in the outcomes related to chronic and serious health issues. It is particularly worth noting that trusted clinicians placed

within the work environment can be quite influential in promoting timely receipt of care, compliance with medical advice, and productivity.^{31,40} However, much more research on the influence and value of the trusted clinician is needed. This is especially necessary in the face of declining interest in primary care by graduating medical students and a health care system that devalues the role of nonprocedural services.⁴¹ Although the evidence that exists today is encouraging, more specific evaluation of the impact of trusted clinicians on outcomes is needed. Proving the value of trusted clinicians may cause health care purchasers and employers to reevaluate their approaches to addressing the health care needs of their employees and family members.

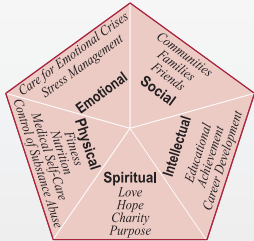
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DIMENSIONS OF OPTIMAL HEALTH

Definition of Health Promotion

“Health Promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change.”

(O'Donnell, *American Journal of Health Promotion*, 1989, 3(3):5.)

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Smoking Control

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Weight Control

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Stress Management

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Mind-Body Health

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Social Health

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Spiritual Health

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Strategies

Behavior Change

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Culture Change

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Health Policy

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Population Health

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Applications

Underserved Populations

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Health Promoting Community Design

Jo Anne L. Earp, ScD

The Art of Health Promotion

Larry S. Chapman, MPH

Research

Data Base

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Financial Analysis

Ron Z. Goetzel, PhD

From Evidence-Based Practice to Practice-Based Evidence

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Qualitative Research

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Measurement Issues

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