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'You Trust the ER Doctor...Right?'

By Ann Somers Hogg
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Those were words I didn't expect to utter during our family's latest trip to the beach. But, I guess it's true that life is what happens when you're busy making other plans. So, that's what I asked my husband as I drove through the rain, in a town I didn't know, to meet him and my son at the ER ... on Father's Day.

Before that night, I hadn't thought to ask whether my life partner was part of the [40% of Americans who still trust physicians and hospitals](#), or whether he was in the majority of Americans who *don't*.

Luckily for our son's care (and our marriage), his response was, "Yes. Don't you?"



Familial confusion aside, it was a surprising "ah-ha" moment for me, as someone who studies the importance of trust in improving public health, and the decimation of it through [misinformation's disruption](#) of medical and public health expertise.

As I finished my drive through the rain — gratefully confident that if care was provided before I arrived, my husband would follow the physician's guidance — I thought about what a sad state of distrust we're swimming in as a country.

EMERGENT VS. DELIBERATE STRATEGY: WHAT GOT US HERE WON'T GET US THERE.

For decades, public health and medicine have followed a deliberate strategy approach for individual and collective health improvement: a top-down approach resulting from conscious, thoughtful, organized actions from leaders. Deliberate strategies are usually based on rigorous data analysis and deployed by organizations in well-established markets. But **deliberate strategies are only effective when everyone in the organization understands what it's trying to accomplish**. For the sake of this example, the "organization" is the nation.

In the past, deliberate strategy has been effective at improving public health and at providing medical care, mostly

because expertise has been centralized and leaders have been trusted. Physicians, doctoral scientists, public health experts, etc., earned the public's trust as a result of their expertise, and at times, as a result of trust in the institutions that employ them (the CDC, FDA, large health systems and universities, etc.). This public and individual trust garnered them the ability to set a top-down strategy for public health and healthcare treatments that a majority of the American public respected and followed (i.e., prior to the pandemic, the same [JAMA study](#) linked above noted that 70% of Americans trusted physicians and hospitals).

But that's not the world we live in anymore.

Today, information is extensively decentralized. The rise of social media and AI, and the democratization of information dissemination that came along with these and other business model innovations have changed the game. As a result, the majority of Americans no longer trust the deliberate strategy-setting health experts. Not only is that a problem for our health (because when ideology displaces evidence as a health policy-making tool, we're all in trouble), it's a problem for the leaders seeking to deploy a deliberate strategy.

If deliberate strategy is only effective when everyone understands, and at least somewhat agrees, on what the goal is, expertise is in for a bloody and ineffective battle with misinformation. Trying to combat distrust and misinformation with a deliberate strategy won't work.

So what can we do instead?

That's where emergent strategy enters. Emergent strategies arise from unplanned actions within an organization, where deliberate strategies are rigid and top-down, emergent ones are flexible and more bottom-up. (Misinformation's disruption of expertise was

certainly "unplanned" by medical and public health leaders.) This type of strategy arises from the daily prioritization and investment decisions made by individuals in the organization, **not its leaders.**

This is where public health and medical experts really need to eat a piece of humble pie (public health-advocating self included). The American people, who are the "customers" in the health and healthcare market and the people "buying" or "hiring" misinformation more than they're "buying" or "hiring" expertise, are in charge right now. Experts aren't, and their strategy needs to be reworked to match our collective situation.

Somewhere in the midst of the COVID-19 pandemic, the nation hit a tipping point, and the distrust and misinformation that had been quietly serving nonconsumption and those at the "low-end" of the health and health care market gained extensive market share. So much, in fact, that the [World Economic Forum](#) labeled it a [key global risk](#). Now's not the time to point fingers about *why* this happened, or to who/what was at fault. Instead, it's time to develop an emergent strategy response.

Because if public health and medical expertise fade away, we won't be "healthy again." We'll be [dead again](#).

WHAT A BETTER PATH LOOKS LIKE

Developing an emergent strategy starts with listening to the people you're serving and those you seek to serve. Americans are hiring health misinformation and distrust of experts because it meets them where they are, it speaks to their desire for answers, it fills a gap that isn't met by a visit with a doctor, it provides affordable access to answers (whether true or not), it makes people feel in control, and more.

Disruptive Innovations, such as health misinformation, can't move upmarket if they don't serve an unmet need. The best way to compete against them is to uncover the [Job to Be Done](#) that leads people to hire them and develop an emergent strategy to serve that Job better. For example, my recent Job to Be Done was something like, *"When I'm afraid for my son's wellbeing and I don't know what to do, help me get trusted answers quickly, so I can know my son will be OK."* When I found myself in this

situation and with this desire for progress, I hired the ER and the resulting advice from the physician. But as a recent [episode of "The Pitt" highlights](#), other parents with similar Jobs hire misinformation and "Dr. Google/Dr. ChatGPT" to the detriment of their children's health.

Without developing emergent strategies based on individuals' Jobs to Be Done, medical experts and public health experts are just competing against luck. And that's a terrible strategy — regardless of whether it's deliberate or emergent.

P.S. Thankfully, my son is fine due to my propensity to over-react, a rapid EMT response, and an expert physician. Also, bath mats are important. I'll be adding one to my packing list for every trip ... forever.

AUTHOR



Ann Somers Hogg is a healthcare leader with a strong background in strategy, innovation and leadership, known for her impactful work in driving organizational growth and transformation. Her research looks into the role of business model innovation and disruption in healthcare, including how to transform a sick care system into one that values and creates total health. Currently, she focuses on drivers of health, maternal health and the pathways to improve both.