



The Patient Experience

Perspectives on Today's Healthcare

Background

The American Academy of Physician Associates (AAPA) advocates for the physician associate/assistant (PA) profession and provides tools to improve the PA practice and patient care. Earlier this year, AAPA approached The Harris Poll to revisit work that had been conducted in 2014. Unlike the past survey, AAPA wanted to take a wider look at the state of the U.S. healthcare system and capture the issues patients are encountering within today's system. Additionally, the research seeks to understand attitudes toward PAs to reinforce the need for this group of expertly trained, high-quality, compassionate providers. This summary includes research findings from the national sample collected as well as the oversample of adults living in Tennessee.

The research revealed that the U.S. healthcare system is stretched thin – a reality that was both illuminated during and exacerbated by the COVID-19 pandemic. In addition to healthcare provider burnout and staffing shortages, many feel that not everyone has equal access to care, and simply navigating the system can be overwhelming and time-consuming. This may contribute to the general lack of confidence that the U.S. healthcare system will be able to support the care they need in the future. Beyond the need to reduce the cost of healthcare, adults agree that having stronger relationships with providers – especially those whom they trust – has the potential to improve their health. This is where PAs, working to the full extent of their education and ability, have an opportunity to elevate healthcare within the U.S.

Views of the System

Many U.S. adults are not happy with the healthcare system, and there are many ways in which the existing U.S. healthcare system is not meeting people's needs.

- About one-quarter of adults agree that, at a high level, the system is “broken:” 26% give the U.S. healthcare system a D (18%) or an F (8%) grade, while only one in 10 (10%) give it an A. Adults in Tennessee are even more likely to give the system an F grade (12% vs. 8% nationally).
- Nearly seven in 10 are concerned that healthcare workforce shortages will impact them (68%) and/or their family or loved ones (68%). Adults in Tennessee are nearly as likely to say the same (64% and 64%, respectively).
- More than two-fifths (42%) even feel that their community does not have the resources needed to keep people healthy. The proportion saying the same in Tennessee is directionally, but not significantly, greater (47%).

The healthcare system does not sufficiently meet people's needs, and there are obstacles in place that make it more difficult for people to access the care they need.

- Cost is a top deterrent, with more than six in 10 adults (61%) saying that affordability in general is among the top barriers to accessing healthcare (followed more distantly by other factors that impact affordability: the system's outsized focus on profit, access to insurance coverage, and difficulty understanding what is covered through insurance). Those in Tennessee are even more likely to cite cost as a deterrent, with nearly seven in 10 (69%) saying that affordability is among the biggest barriers to healthcare access in the U.S.
- For some, the unaffordable nature of healthcare in the U.S. becomes a personal issue: roughly one-quarter of adults (26%) say that healthcare costs strain their (and/or their family's) finances. A similar proportion of adults in Tennessee (29%) say the same.

The process of coordinating care frequently presents additional challenges, and the burden of care coordination is often placed on the patient and/or those who act as informal care coordinators by helping family members, friends, or others navigate the healthcare system.

- More than six in 10 adults nationally (65%) as well as in Tennessee (62%) say that coordinating and managing healthcare is overwhelming and time-consuming.
- On average, whether nationally or in Tennessee specifically, it takes nearly a month to get a needed appointment with a healthcare provider. For those who do not get an appointment within a week, it takes an average of 3.9 weeks (national) and 4 weeks (Tennessee).
- Adults spend an average of two hours per week coordinating healthcare for themselves and/or their family/loved ones – and even more time (three hours per week) if they are helping someone else navigate care. Findings are the same in Tennessee as they are nationally: Adults report spending an average of 2.0 hours coordinating care for themselves or their families, and an average of 2.9 hours if they are helping someone else navigate care.
- Nearly one in five care coordinators (19%) say that their own health has suffered as a result of helping someone else navigate care, though the percentage of those in Tennessee is directionally lower (13%).

Cost concerns, barriers to healthcare access, complications with care coordination, and the ensuing frustration impacts behavior – and, ultimately, health outcomes.

- More than two-fifths of adults (44%) say they have either delayed or entirely skipped healthcare services within the past two years. In Tennessee, nearly half of adults (48%) say they have delayed or skipped care.

- Among those who have delayed or skipped care, the top reason for doing so was worry about the financial cost – followed by the inability to take time away from other responsibilities (like work, family, or personal obligations), feeling as though they were not experiencing a major health issue, taking too long to get an appointment, and/or because the process of finding a provider was too complicated. Those in Tennessee were directionally more likely than adults nationally to say they delayed or skipped care due to worrying about cost (48% compared to 40% nationally).
- Sixty percent of adults who delayed or skipped care within the past two years experienced some kind of impact as a result, including worsening condition, negative impact on mental health, and/or overall health decline. Similar results were noted in Tennessee with 62% reporting some kind of impact.

When care is accessed, personal interactions with providers are mixed. On one hand, many adults provide positive assessments. On the other hand, nearly half observe that their healthcare provider(s) appear burned out or overburdened.

- More than six in 10 adults (63% nationally and 61% in Tennessee) grade the healthcare they received in the past 12 months as above average (i.e., an A or B grade). Two-thirds agree (66% nationally and 68% in Tennessee) that healthcare providers seem more rushed than they have been in the past. Further, more than three in 10 U.S. adults (30%) say that have felt rushed during a healthcare appointment, and those in Tennessee are directionally more likely to say that they have felt rushed (36%).
- About half acknowledge that they don't always feel listened to by healthcare providers (49% nationally and 52% in Tennessee).
- This may be why more than seven in 10 adults (71% nationally and 72% in Tennessee) worry that the demands on providers are too great.

The Value of Physician Associates/Assistants

Positive patient-provider relationships are crucial to keeping people active within the healthcare system, bolstering faith in the system, and improving health outcomes overall.

- At a national level, more than four-fifths of adults (86%) have a primary care provider, while 14% do not. Tennessee adults are about equally likely to have a primary care provider (82%).
- More than six in 10 adults who have a primary care provider (63%) say that healthcare providers help them navigate the healthcare system – compared with less than half of those who do not have a primary care provider (48%).
- Having a primary care provider is associated with better quality healthcare: Those who have a primary care provider are two times more likely than those who do not to give healthcare they received in the past 12 months an A or B grade.
- Further, more than two-fifths of care coordinators (45%) agree that better primary or preventative healthcare could have prevented the health condition, injury, or major illness for the person whom they were helping to navigate the system.

Physician associates/assistants are well-positioned to be part of the solution to the healthcare crisis in the U.S. Having an ongoing relationship with a PA further establishes and enhances these positive feelings.

- Notably, nearly two-thirds of adults (64% nationally and 65% of adults in Tennessee) say that they would trust a PA to serve as their primary care provider.
- Quality assessments are even more positive among adults who have seen a PA: around eight in 10 (79% nationally and 82% in Tennessee) rate the medical care they received from a PA in the past 12 months as either good or excellent, and those who have a relationship with a PA also are more likely to grade their recent healthcare as an A or B (89% compared with 76% who have seen a PA but do not have an ongoing relationship).

- At the national level, those who have an existing relationship with a PA are more likely than those who have seen a PA but don't have a relationship to feel valued because the PA takes the time to listen, understand their unique needs, communicate clearly, and empower them to take control of their health.

The public supports utilizing PAs to help better equip the healthcare system to address an aging population, a rise in chronic disease, and a significant healthcare workforce shortage.

- Large majorities agree that PAs should be allowed to provide care to the fullest extent of their education, training, and experience (92%, both nationally and in Tennessee, are in support).
- Majorities also support PA practice laws being updated to allow states and healthcare systems to fully utilize their healthcare workforce (91% nationally and 88% of those in Tennessee).
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There are many ways in which the existing U.S. healthcare system is not meeting people's needs. By fully utilizing all trained and educated healthcare providers, including PAs, patient health can be improved. However, for this approach to be fully effective PA practice laws must be updated to allow states and healthcare systems to fully leverage their healthcare workforce. Allowing all healthcare professions to practice to the fullest extent possible benefits both patients and providers alike.

Research Method

The research was conducted online in the U.S. by The Harris Poll on behalf of The American Academy of Physician Associates among n=2,519 adults age 18+. In addition to the national sample, oversamples were collected in six states including Tennessee (n=505). The survey was conducted from February 23 – March 9, 2023. Interviews were conducted in English and Spanish.

Data from the national sample was weighted by race where necessary and by gender, region, education, marital status, household size, employment, household income, language proficiency (for Hispanic respondents only), and propensity to be online to bring respondents in line with their actual proportions in the population, and then combined using a post-weight.

All sample surveys and polls, whether or not they use probability sampling, as subject to other multiple sources of error which are most often not possible to quantify or estimate, including but not limited to coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments.

Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the national sample data is accurate to within +2.8 percentage points using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest.

