



## **Insights into the PA Experience During COVID-19**

Six Months Into the COVID-19 Pandemic

November 1, 2020 • August 2020 PA Practice Survey

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## Methodology

From August 9–September 3, 2020, data were collected in a survey sent to a random sample of 5,887 PAs, with a response rate of 9.6%. Data contained within this report represent all PA respondents. A total of 667 PAs responded to the survey, and 579 responded to the questions within this report. The overall survey margin of error is 3.6% at a 95% confidence level. Response rates and margins of error vary by section and breakout.

## Measures

On the tables that follow:

“Respondents” is the number of respondents to a question.

“Ratings” above a column of numbers indicates the number of ratings for an individual question.

“Mean” is the average, or the sum of numerical scale responses divided by the total number of respondents.

“Median” earnings are those at the 50th percentile, i.e., half of responses are equal to or above the median and half are equal to or below the median.

“N” refers to the number of respondents and is generally the first column in the data tables. Totals do not always add up to 100% due to rounding.

## Executive Summary

### PA's Integration of Telehealth into Practice

Results from the August 2020 PA Practice Survey represent all individuals eligible to practice as PAs. These data illustrate the status of the PA profession six months into the COVID-19 pandemic. During this time period, there has been a rapid expansion of telehealth. From before the pandemic to the last week of April 2020, the number of Medicare beneficiaries receiving telemedicine increased from about 13,000 to 1.7 million.<sup>1</sup>

The survey reveals that PAs are contributing to this expansion. At present, 68% of PAs are using telehealth, and almost one in five of these users report using it at least 26% of their clinical time. About one in three PAs are still not using telehealth at all (Table 2). The majority of PAs are familiar with telehealth to some degree, and only 14% are completely unfamiliar with telehealth (Table 3). About three-quarters of the PAs using telehealth are doing so for the first time (Table 5), which is higher than one in ten as of February 2020. Similarly, 72% of patients were receiving care in this way for the first time as of May 2020.<sup>2</sup> Of the PAs surveyed, only 26% said that education and training is a barrier to integrating telehealth into their practice (Table 7). For the most part, PAs are knowledgeable about modern methods of conveniently delivering care to patients, and they are putting their knowledge to use during their clinical time.



### *Barriers and Concerns*

PAs reported that most of their visits in the week preceding their response were predominately in-person. The remaining were by phone, video, or some combination (Table 11). PAs perceive patient connectivity to be the largest barrier for PA practice in telehealth. PAs see reimbursement as another top barrier to fully integrating telehealth into their practice. 32% of PAs said their practice had digital health/telehealth billing denied since March 1 and 15% still currently experience denials (Table 10). In addition, one in four have reduced phone-based visits since March due to poor reimbursement and one in eight have reduced video-based visits for the same reason. PAs also identified barriers that may be specific to their profession including legislation restricting practice (22%), lack of opportunities for PAs (18%), and supervision requirements in their state (12%; Table 7).

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**Poor reimbursement was one reason PAs stated  
they may have reduced use of telemedicine**

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Despite the integration of telehealth into 68% of practices, PAs have some concerns with regard to quality of care and patient satisfaction. Some PAs feel that telemedicine is not conducive to quality of care: less than half (46%) agree that the quality of care that they are providing is as good as in-person care and one in five believe that the quality of care during telemedicine visits are not in line with clinical standards. Many of these concerns echo sentiments outlined in a recent Health Affairs blog post.<sup>3</sup> The vast majority of PAs (89%; Table 9), however, are satisfied with the

level of care provided with telehealth, and a recent survey of patients indicated that 75% were satisfied with their care.<sup>2</sup>

### *Long-term Interest in Telehealth*

Not all PAs are interested in integrating telehealth. In fact, PAs are split over their interest in integrating telehealth into their practice in the future. Reasons PAs indicated they are not interested in telehealth are that it is incongruent to their specialty (i.e., emergency medicine, urgent care) or they stress the importance of the physical exam (i.e., orthopedic exams, wound care). Both are valid reasons that telehealth may not be suitable for all clinicians. Patients, on the other hand, want telehealth to be part of their care moving forward, according to one recent survey.<sup>2</sup> This is echoed in resources from the Centers for Disease Control and Prevention.<sup>4</sup> However, 68% of PAs see telehealth as an important solution to broad healthcare systems challenges (Table 8).

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## **PAs and patients alike say that telemedicine is here to stay.**

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With the ability to provide care to patients where they are, telehealth allows PAs to reach areas that typically have limited access to conventional office visits, such as medically underserved areas and health professional shortage areas.

## **Mental Health and Well Being**

### *Ongoing stress can lead to both mental health and physical health issues.*

Fighting on the frontlines of the COVID-19 pandemic is a recipe for stress, which could lead to both mental and physical health issues for all healthcare providers. The acknowledgement of this mental and physical toll, and a physician who died by suicide, led to the introduction of the Dr. Lorna Breen Health Care Provider Protection Act, a bill that calls for well-being training and the encouragement of mental health support for healthcare providers.<sup>5</sup>

76%

of PAs say that the stress level in their practice is the same or greater than that of the first month of the pandemic

AAPA's survey reveals that stress levels for 76% of PAs are either the same or greater than where they were during the first month of the pandemic. The survey also revealed that 27% of PAs feel that they are adjusted to the stress (Table 16). Some practices (37%) are experiencing more stress than they did during the first month of the pandemic.

PAs were asked, based on their personal definitions of burnout, how they rated their overall level of burnout. Thirty five percent of PAs in August felt burned out in some way, including 3% who were completely burned out and were at the point that they needed changes or needed to seek help (Table 17). Given that more than a third of PAs are experiencing symptoms of burnout or completely burned out, attention to the long-term effects of this crisis is warranted. ADA-noncompliant licensure application questions, such as one that will be mentioned later, might ostracize those affected by the growing mental health situation for healthcare providers.

Burnout is another unfortunate product of a prolonged stressful environment. For more information and resources on burnout and professional well-being, visit the [AAPA burnout resources page](#).

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**With the stress on healthcare caused by COVID-19, it is no surprise that 35% of PAs reported some signs of burnout in August 2020.**

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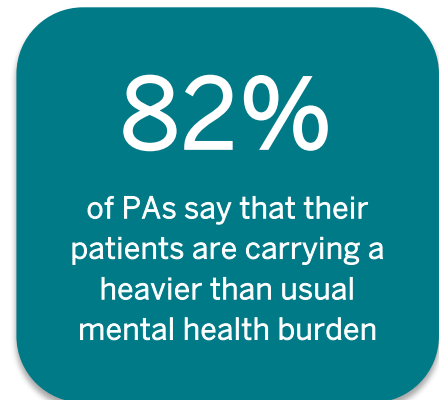
Although no data exist on suicides in the PA profession, one can draw conclusions about the consequences of the lack of mental health support for healthcare providers by reviewing existing studies on physicians. According to one study, physicians who took their lives were less likely to be receiving mental health treatment compared with nonphysicians who took their lives even though depression was found to be a significant risk factor at approximately the same rate in both groups.<sup>6</sup> Another study found that the suicide rate among male physicians is 1.41 times higher than the general male population. Among female physicians, the relative risk is even more pronounced — 2.27 times greater than the general female.<sup>7</sup> These studies were conducted before the COVID-19 pandemic; now, during an especially stressful time period, mental health support is all the more important.

While data suggest that acknowledgement of mental health status is crucial, many states' medical licensure applications stigmatize mental illness, which could deter healthcare providers from seeking treatment. According to a 2018 analysis of the legality of including

questions related to mental health with regard to Americans with Disabilities Act (ADA), only 7 states did not include any questions related mental health on the licensure questionnaire, and 32 states and the District of Columbia included questions that do not conform to ADA standards in their questionnaires. South Dakota, for example, asks “Have you been treated, or do you have a diagnosis for any mental health condition.”<sup>8</sup> At AAPA 2020, a study examined whether PA licensure applications were consistent with the ADA. Half of the states’ licensure applications were consistent with the ADA in terms of mental health.<sup>9</sup>

### *It is not just the clinicians*

The patients of PAs are also undergoing a stressful time. The patients of 82% of PAs are reportedly carrying a heavier than usual mental health burden (Table 13). PAs reported that, in the past four weeks from their response, they have been able to provide integrated and coordinated care, being attentive to both social and physical concerns across settings (Table 19). The data from this survey present evidence that show the necessity for a prepared approach to mental health support for everyone, PAs and patients alike, during a stress-inducing COVID-19 pandemic.



## The PA Experience 6 Months into the Pandemic

Exposure to COVID-19 is a component of these stressful environments under which PAs provide care. Since the start of the COVID-19 pandemic, about half of surveyed PAs have been diagnosing patients with COVID-19; this is no longer true for 4% of PAs (Table 12). Six percent of PAs have been infected with COVID-19 (Table 13).

PAs have also experienced changes in their patient workflow. About half of PAs are continuing to see a decrease in patient load due to COVID-19 (Table 13). Half of the PAs said that, in the month preceding the survey, they were able to provide care when their patients needed them; 43% said that they could provide comprehensive care for their patients, and 40% said that they could see their established patients (Table 19).

The impacts on patients are also apparent during this time. About half (46%) of PAs report that their patients with chronic conditions seem worse (Table 13). About half (52%) also reported that they have started to see the health impacts of deferred chronic care visits. About a quarter (23%) of PAs said their practice offers preventive and/or care for chronic conditions but patients are not scheduling them, and 61% said that schedules were unaffected during his time (Table 13).

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**PAs are starting to see the impact of deferred treatment.**

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Some PAs have seen changes to their employment and compensation. As of August, 4% of the PAs surveyed were still furloughed and 3% were still terminated and without a job (Table 14). In terms of hours and compensation, this is PA specific. For some, the hours have increased and others decreased. The same holds true for base compensation and bonuses (Table 15).

## The Next Six Months

The first six months of the COVID-19 pandemic has been on fraught with many unknowns. We don't know if we are in the first wave or the third, whether reinfection is possible, and whether herd immunity will work. When PAs were asked about whether they were ready for a surge in COVID-19 cases, a surge in issues related to deferred care, and the upcoming flu season, more than three-quarters of PAs responded that their practices were either nervously or confidently ready (77%, 82%, and 76% respectively; Table 16). We will continue to monitor the next six months.

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## About PAs

PAs are highly trained and qualified medical professionals, who diagnose illness, develop, and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare provider. They are educated at the master's degree level in the medical model over a 27-month-long period. There are more than 140,000 PAs in the U.S. who work in all medical settings and specialties. To learn more about PAs, go to [aapa.org](http://aapa.org).

## Data Tables

Table 1. PAs Clinically Practicing Since March 2020

Clinically Practicing	N	Percent (%)
Yes	540	91.2
No	52	8.8
<b>Total</b>	<b>592</b>	<b>100.0</b>

Source: August AAPA PA Practice Survey

Question: Have you clinically practiced at any point during the COVID-19 pandemic (March 1, 2020 until now)?

Table 2. Amount PAs Currently Use Telemedicine

Use of Telemedicine	N	Percent (%)	
No, never	170	31.5	
Yes	Rarely (less than 5% of clinical time)	143	26.5
	Sometimes (5-25% of clinical time)	130	24.1
	Regularly (26-50% of clinical time)	54	10.0
	Most of the time (51%+ of clinical time)	42	7.8
<b>Total</b>	<b>539</b>	<b>100.0</b>	

Question: Do you use telemedicine in your current practice?

Table 3. PA Familiarity with Telemedicine

Familiarity with Telemedicine	N	Percent (%)
Extremely familiar	73	13.5
Very familiar	100	18.6
Familiar	102	18.9
Somewhat familiar	187	34.7
Completely unfamiliar	77	14.3
<b>Total</b>	<b>539</b>	<b>100.0</b>

Question: Rate your level of familiarity/comfort with the practice of telemedicine.

Note: Totals do not always add up to 100% due to rounding.

Table 4. PA Interest in Incorporating Telemedicine into Their Practice

Interest in Telemedicine	N	Percent (%)
Extremely interested	10	5.9
Very interested	13	7.7
Interested	26	15.4
Somewhat interested	46	27.2
Not interested	74	43.8
<b>Total</b>	<b>169</b>	<b>100.0</b>

Question: What is your level of interest in incorporating telemedicine into your practice?

This question was only show to PAs who responded “No, never” to using telemedicine in their current practice.

Table 5. PAs Who Have Used Telemedicine Prior to COVID-19

Used Telemedicine Prior to March 2020	N	Percent (%)
Yes	94	25.8
No	271	74.2
<b>Total</b>	<b>365</b>	<b>100.0</b>

Question: Did you use telehealth or telemedicine in your practice prior to COVID-19 becoming prevalent in the US in March 2020?

This question was only shown to PAs who responded “Yes” to using telemedicine in their current practice.

Table 6. Reasons PAs Began to Use Telemedicine COVID-19 Among Those Who Did Not Use It Prior

Reasons	N	Percent (%)
Began due to a necessity to maintain social distancing measure for nonemergent visits	253	93.7
Began due to furlough or reduction in hours	15	5.6
Other	23	8.5
<b>Total</b>	<b>270</b>	<b>100.0</b>

Question: What was the reason you began using telemedicine after the COVID-19 pandemic started?

This question was only shown to those PAs who indicated that they did not use telemedicine in their current practice prior to COVID-19.

Table 7. Barriers to PA Practice in Telemedicine

Perceived barriers	N	Percent (%)
Patient connectivity issues	242	48.5
Patient comfort/familiarity	216	43.3
Reimbursement for services	207	41.5
Access to equipment	150	30.1
Education/training	128	25.7
Unable to fit into your clinical workflow	120	24.0
Legislation restricting practice	112	22.4
Lack of opportunities for PAs	90	18.0
Support from leadership	66	13.2
Other state laws and regulations	66	13.2
Practice-Level/Practitioner technological gaps and needs	62	12.4
Supervision requirements in my state	58	11.6
Other competing clinical priorities	48	9.6
Other	46	9.2
Licensure requirements	27	5.4
<b>Total</b>	<b>499</b>	<b>100.0</b>

Question: Please indicate perceived barriers to PA practice in telemedicine

Table 8. Perceived Importance of Telemedicine as a Solution to Healthcare System Challenges

Importance	N	Percent (%)
Extremely important	88	16.5
Very important	115	21.5
Important	163	30.5
Somewhat important	152	28.5
Not at all important	16	3.0
<b>Total</b>	<b>534</b>	<b>100.0</b>

Question: How important do you perceive telemedicine as a solution to broad healthcare system challenges?

Table 9. PA Perception of the Care Provided PA Telehealth

Statement of Care	Total	Strongly agree	Agree	Disagree	Strongly disagree
	N	Percent (%)			
The quality of care I am providing via telehealth is as good as in-person care	364	6.3	39.6	45.3	8.8
The level of care I am providing via telehealth is in line with clinical standards	362	12.7	67.4	16.3	3.6
Patients are satisfied with the level of care I am providing via telehealth	363	16.0	73.0	8.8	2.2
I would like to continue to use telehealth in my practice after the COVID-19 pandemic is over	362	22.7	46.7	21.0	9.7

Question: How much do you agree with the following statements?

Table 10. PAs Report of Reimbursement Challenges Related to Telehealth

Reimbursement Experiences	Total	No	Yes, and this is still occurring	Yes, but this is no longer occurring
	N	Percent (%)		
We have had digital health/telehealth billing denied	345	67.8	14.8	17.4
We have reduced phone-based care because payment is poor	345	65.8	26.1	8.1
We have reduced video-based care because payment is poor:	345	79.1	12.5	8.4

Question: Have you experienced any of the following telehealth changes during the COVID-19 pandemic (March 1, 2020 until now)?

Table 11. Modes of Care Delivery in the Past Week (August)

Mode	N	Percent (%)
Video, phone, and in-person - about equal	31	6.1
Video and phone - about equal	10	2.0
Video and in-person - about equal	11	2.1
Phone and in-person - about equal	20	3.9
More video than anything	20	3.9
More phone than anything	27	5.3
More in-person than anything	393	76.8
<b>Total</b>	<b>512</b>	<b>100.0</b>

Over the past week, would you say your modes of care delivery have been

Table 12. PAs Seeing Patients with COVID-19

Type of Care	Total N	Yes, and this is still occurring	Yes, but this is no longer occurring	No
I have tested patients for COVID-19	527	54.1	4.9	41.0
I have diagnosed patients with COVID-19 (with or without a test result)	528	48.1	3.8	48.1
I have treated patients for COVID-19	528	42.6	4.7	52.7

Question: During the COVID-19 pandemic (March 1, 2020 until now), have any of the following occurred?

Table 13. PAs Who Have Experienced Changes in their Practice During the COVID-19 Pandemic

Changes	Total	Yes, and this is still occurring	Yes, but this is no longer occurring	No
	N	Percent (%)		
I have become infected with COVID-19	522	2.9	3.1	94.1
I have been cared for appropriately by my employer	518	74.5	3.5	22.0
I have gone without necessary Personal Protective Equipment (PPE)	525	14.9	20.6	64.6
I have canceled and/or postponed patient appointments due to the COVID-19 pandemic	525	29.5	34.1	36.4
My practice experienced a decrease in patient load due to COVID-19	526	47.3	39.2	13.5
Physician supervisory or collaborative requirements have impeded my ability to provide care during the COVID-19 pandemic	527	8.5	3.4	88.0
My patients are carrying a heavier than usual mental health burden	529	82.0	4.5	13.4
My patients with chronic conditions seem worse	518	46.3	3.9	49.8
My practice's members have quit saying that COVID-19 made work unsafe for them	514	20.6	14.0	65.4
I have started seeing health impact of deferred chronic care visits	525	52.2	8.4	39.4
My practice offers preventive and/or chronic care but patients are not scheduling them	518	22.6	16.8	60.6

During the COVID-19 pandemic (March 1, 2020 until now), have any of the following occurred?



Table 14. PAs Who Experienced Employment Changes During the COVID-19 Pandemic

Changes	Total	Yes, and this is still true	Yes, but this is no longer true	No
	N	Percent (%)		
Moved into a formal leadership position	524	3.2	0.4	96.4
Been furloughed (I will return to the same employer in the future)	527	4.2	11.8	84.1
Been terminated (lost job permanently)	530	2.5	0.6	97.0
Changed primary specialty	525	3.6	0.8	95.6
Changed primary setting (eg, outpatient surgical center moved to ICU)	528	3.6	2.1	94.3
Changed primary employer	526	6.8	0.2	93.0
Changed supervising or collaborating physician	524	8.8	1.1	90.1
Began volunteering in a medical capacity	525	2.5	2.3	95.2

Have you experienced any of the following employment changes during the COVID-19 pandemic (March 1, 2020 until now)?

Table 15. PAs Who Experienced Changes in Hours or Compensation During the COVID 19 Pandemic

Changes	Total	Decreased	Remained the same	Increased
	N	Percent (%)		
Hours worked	531	37.1	47.1	15.8
Base pay	523	18.7	75.9	5.4
Bonus (actual or anticipated)	516	40.5	51.2	8.3

Note: Bonus may include annual and/or productivity-based bonus pay

Question: How have the following changed since COVID-19 emerged in the US (March 1, 2020 until now)?

Table 16. Comparison of Stress Among PAs in August 2020 and March 2020

Level of Stress	N	Percent (%)
It seems worse – we are struggling	51	9.6
It seems worse – but we are sadly now used to it	144	27.1
It's the same – but over time, harder to bear	63	11.9
It's the same – but over time, we've adjusted	144	27.1
It's getting better	121	22.8
Not applicable, we never felt it at all	8	1.5
<b>Total</b>	<b>531</b>	<b>100.0</b>

Question: How does in stress among staff and clinicians in your practice now compare with the first month of the pandemic?

Table 17. Self-Reported Burnout Among PAs in August 2020

Level of Burnout	N	Percent (%)
I enjoy my work. I have no symptoms of burnout	64	14.9
Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out	215	50.0
I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion	110	25.6
The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot	30	7.0
I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help	11	2.6
<b>Total</b>	<b>430</b>	<b>100.0</b>

Question: Overall, based on your definition of burnout, how would you rate your level of burnout?

Table 18. Percent of PAs Who Feel their Practices Are Ready for Surge in COVID-19 or the Flu

Conditions	Total	Yes, we're confident	Somewhat, but we are nervous	No, we don't feel ready	We are spent—so not ready for that
	N	Percent (%)			
A surge in COVID-19 cases:	529	25.3	51.8	18.3	4.5
A surge in issues related to delayed/deferred care	524	35.3	46.6	15.1	3.1
The upcoming flu season	523	24.3	51.6	18.2	5.9

Question: Do you feel your practice is ready for...

Table 19. Ability of PAs Practices to Care for Patients in Past Four Weeks

Manner of Care	Total	Yes, without a doubt!	Sometimes... the pandemic makes this hard	No, but will again after the pandemic	Pipe-dream: this hasn't been for a long time	N/A
	N	Percent (%)				
First contact <i>they contact us first when there is a need</i>	526	53.4	28.7	1.7	0.8	15.4
Comprehensive <i>addressing majority of needs</i>	523	43.0	39.8	2.9	1.7	12.6
Continuous <i>seeing my established patients</i>	524	39.1	32.6	3.4	0.0	24.8
Coordinated <i>integrating care across settings</i>	524	34.4	45.6	5.0	2.1	13.0
Integrated <i>attentive to both social and physical concerns</i>	523	34.2	44.4	4.8	4.0	12.6

Question: Over the past four weeks, have you been able to care for your patients in a way that was...

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## Respondent Demographics

Table 20. Gender

Gender	N	Percent (%)
Female	402	70.0
Male	164	28.6
I prefer to self-describe	2	0.3
I prefer not to answer	6	1.0
<b>Total</b>	<b>574</b>	<b>100.0</b>

Question: What is your gender?

Table 21. Race

Race	N	Percent (%)
White	482	84.0
Asian	28	4.9
Black/African American	18	3.1
American Indian or Alaskan Native	2	0.3
Native Hawaiian or Other Pacific Islander	0	0.0
Two or more races	13	2.3
Other	11	1.9
I prefer not to answer	20	3.5
<b>Total</b>	<b>574</b>	<b>100.0</b>

Question: Which of the following best describes your race?

Table 22. Ethnicity

Ethnicity	N	Percent (%)
Not of Hispanic, Latinx, or Spanish origin	526	91.6
Of Hispanic, Latinx, or Spanish origin	29	5.1
I prefer not to answer	19	3.3
<b>Total</b>	<b>574</b>	<b>100.0</b>

Question: Are you of Hispanic, Latinx, or Spanish origin?

Table 23. Experience

Years of Experience as a PA	N	Percent (%)
0 to 1 year	72	12.5
2 to 4 years	127	22.1
5 to 9 years	105	18.3
10 to 14 years	92	16.0
15 to 19 years	62	10.8
20 or more years	116	20.2
<b>Total</b>	<b>574</b>	<b>100.0</b>

Question: How many years of experience do you have working as a PA?

Table 24. Role

Primary Role	N	Percent (%)
Clinician	527	91.0
Educator	16	2.8
Administrator/manager	18	3.1
Not currently working	16	2.8
Researcher	2	0.3
<b>Total</b>	<b>579</b>	<b>100.0</b>

Question: Please indicate your primary role as a PA. Your primary role is the role you spend the most time in as a PA.

Note: Totals do not always add up to 100% due to rounding.

Table 25. Specialty

Primary Specialty	N	Percent (%)
Primary care	127	22.0
Internal medicine subspecialties	57	9.9
Pediatric subspecialties	12	2.1
Surgical subspecialties	139	24.1
Emergency medicine	56	9.7
All other specialties	160	27.7
No medical specialty	26	4.5
<b>Total</b>	<b>577</b>	<b>100.0</b>

Question: Please indicate your **primary specialty** as a PA. Your primary specialty is the specialty you practice most as a PA. For example, if you worked three days a week in an emergency department and worked twice a month at an urgent care center, emergency medicine would be your primary specialty. If you were a full-time educator or in a position in which you did not practice clinically practice in any capacity, you may select "no medical specialty."

Table 26. Setting

Primary Setting	N	Percent (%)
Outpatient clinic or physician office	298	51.6
Hospital	194	33.6
Urgent care center	23	4.0
Other	62	10.7
<b>Total</b>	<b>577</b>	<b>100.0</b>

Question: Please indicate your **primary setting** in which you practice as a PA. For example: If you work in a hospital for 32 hours a week and an urgent care center for 8 hours a week, hospital is your primary setting.

Table 27. Hospital Setting

Primary Specialty	N	Percent (%)
Emergency department	60	30.9
Inpatient unit (not ICU/CCU)	52	26.8
Operating room	32	16.5
Intensive care/critical care unit	25	12.9
Outpatient unit	12	6.2
Other	13	6.7
<b>Total</b>	<b>194</b>	<b>100.0</b>

Question: Which unit of the hospital do you spend the most time working within?

Note: This question was only show to PAs who indicated they worked within a hospital setting.

Table 28. Employer

Primary Employer Type	N	Percent (%)
Hospital (including academic medical center)	188	32.6
Physician practice: Single specialty group	145	25.1
Physician practice: Multispecialty group	74	12.8
Physician practice: Solo practice	36	6.2
Government	28	4.9
Federally Qualified Health Center	21	3.6
Self-employed or independent contractor	19	3.3
College or university	15	2.6
Other healthcare related corporation	13	2.3
Community Health Clinic	6	1.0
Certified Rural Health Clinic	6	1.0
HMO	5	0.9
Other	21	3.6
<b>Total</b>	<b>577</b>	<b>100</b>

Question: Please indicate your **primary employer type**. For example: If you work for a hospital for 40 hours a week and for a consulting firm 8 hours a week, hospital is your primary employer.

Note: Totals do not always add up to 100% due to rounding.

Table 29. Type of Hospital Employer

Primary Specialty	N	Percent (%)
Academic medical center	94	50.0
Community hospital: Nongovernment nonprofit	66	35.1
Community hospital: Investor-owned for-profit	12	6.4
Community hospital: State or local government	6	3.2
Other	13	6.7
<b>Total</b>	<b>194</b>	<b>100.0</b>

Question: You indicated that your employer is a hospital. Please indicate the type of hospital.

Note: This question was only show to PAs who indicated they worked for a hospital.