

The Patient Experience:

# Perspectives on Today's Healthcare



# Foreword

Earlier this year, the American Academy of Physician Associates (AAPA) approached us wanting to revisit work that we had conducted for them in 2014. Unlike the past survey, AAPA wanted to take a wider look at the state of the U.S. healthcare system. From that point, we began reimagining this year's survey, ensuring it captured the issues patients are encountering within today's system.

We were thrilled to partner with AAPA, not just because we know the great work physician associates/assistants (PAs) do to help keep us all healthy but also because the healthcare space is a passion point for us at Harris as researchers, employers, and as humans. Anyone reading this who has interacted with the healthcare system is likely to have a story about a frustrating, overwhelming, or exhausting experience with the system.

We know this to be true from our personal experiences but also because of the research we conduct. Healthcare is a persistent topic on our America This Week Poll, Harris's weekly insights poll. From a recent poll we found that 54% of Americans think the current healthcare system is going in the wrong direction, consistent with the fact that 26% of respondents in the AAPA survey graded the system at a national level as below average, giving either a D or F grade. We also know that inequities and mistrust are persistent and can make experiences with interacting with the system even more disheartening. Harris Poll research conducted on behalf of U.S. News for their State of Equity in America conference found that people of color are significantly more likely to say that their race has negatively impacted the quality of healthcare they receive, with a 40-percentage point gap between Black (75%) and white (35%) patients.

What struck me from the research we conducted on behalf of AAPA is how clearly the findings demonstrate how the system itself is getting in the way of people being able to take care of themselves as well as the ones they love. The system is costly, confusing, and it takes too long to get needed care. The result is that people want to engage with it less which can lead to even more health problems – both physical and mental.

Without our health, we cannot live full lives. That is why it is essential that we continue to bring attention to this issue. The findings demonstrate there is a space and a need to help ease the strain patients feel when interacting with the current healthcare system. The research also reinforces the findings from our 2014 study – that PAs provide trusted, compassionate care to their patients every day. Through the results as well our partnership with AAPA we know that PAs are educated and trained to meet this moment and help ease the burden of the healthcare system.

**John Gerzema**  
Chief Executive Officer  
The Harris Poll



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# Research Methodology

## Research Method

The research was conducted online in the U.S. by The Harris Poll on behalf of AAPA among n=2,519 adults age 18+. The survey was conducted from February 23 – March 9, 2023. Interviews were conducted in English and Spanish.

Data were weighted by race where necessary and by gender, region, education, marital status, household size, employment, household income, language proficiency (for Latino 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, are subject to multiple sources of error which are difficult 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.

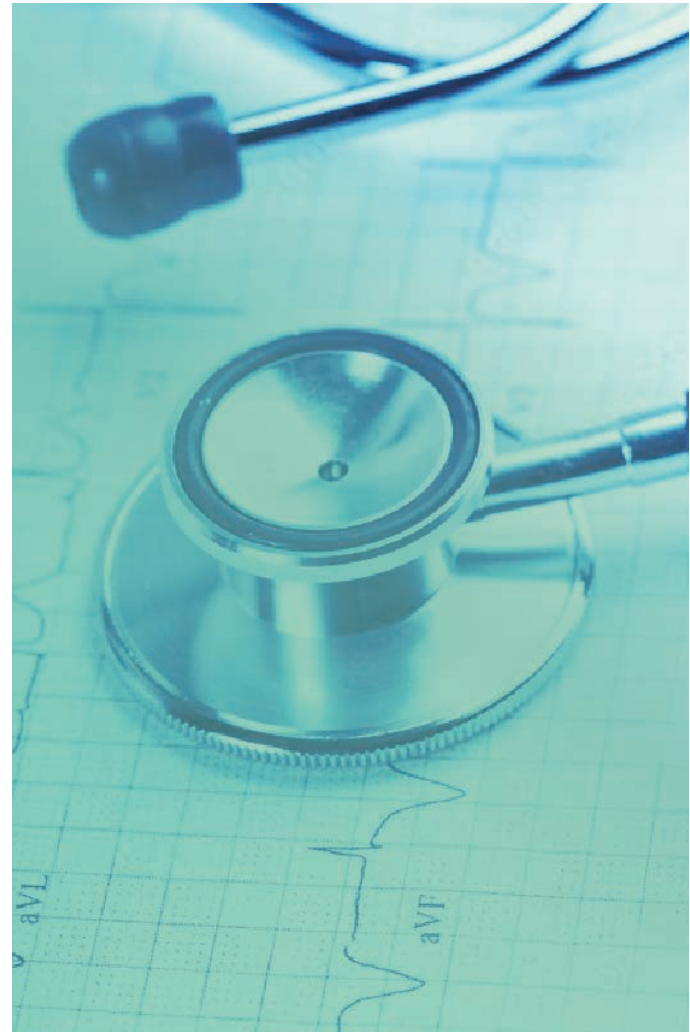
Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the national sample data is accurate to within +2.8 percentage points using a 95%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

The report also includes quotes from in-depth interviews that were conducted by The Harris Poll between March 13 – 31, 2023, among 10 adults living in the United States.

## Report Notes

Throughout this report, “adults” represents adults age 18+ living in the United States.

“Care coordinators” or “caregivers” refers to those who have ever helped someone navigate the healthcare system, e.g., helping them coordinate care with healthcare providers, making medical appointments, communicating with providers, or figuring out insurance coverage.





# Executive Summary

The U.S. healthcare system is stretched thin – a reality both illuminated during and exacerbated by the COVID-19 pandemic. In addition to healthcare provider burnout and workforce shortages, inequalities in healthcare persist and simply navigating the system can be enigmatic. Current assessments of healthcare in the U.S. are mostly negative: Few adults give the overall U.S. healthcare system an A grade, and more grade it below average (i.e., a D or F grade).

In fact, many adults say the healthcare system fails to meet their needs in some way – for example, taking too long to get an appointment or straining family finances. Coordinating and managing care often presents additional challenges and are viewed as overwhelming and time-consuming. Adults spend the equivalent of an entire eight-hour workday per month coordinating care, and even more if they are helping someone else navigate care. Pain points within U.S. healthcare are felt more strongly by some populations than others – largely people of color and women – and many acknowledge inequality within the system.

Cost concerns, complicated care coordination, and other barriers to healthcare access (e.g., access to insurance, difficulty understanding what is covered by insurance), and the frustration that ensues impacts behavior – and, ultimately, health outcomes. Most adults admit that they only seek care for themselves when they are sick and delaying care or skipping it altogether is an all-too-common occurrence. This often comes with consequences: Many adults who have skipped or delayed care say they experienced negative impacts as a result. Forgoing care is not only detrimental in the case of a major health concern, but also prevents people from undergoing routine preventative care. In addition, the negative impacts often extend beyond patients themselves: Many of those who have helped someone coordinate care say their life was negatively impacted in some way as a result of helping someone navigate the healthcare system.

Positive patient-provider interactions play a crucial role in keeping people active within the healthcare system, bolstering trust in the system, and improving health outcomes overall. There is a desire for stronger relationships with healthcare providers (HCPs), and people crave a trusted partnership. Many people feel that their health would improve if they worked regularly with an HCP whom they trust. In addition, people agree that health outcomes would likely improve if HCPs had more time to help patients decipher and navigate the healthcare system.

Findings from this research demonstrate that physician associates/assistants (PAs) can be part of the solution to the healthcare crisis in the U.S. Not only can PAs help address the healthcare workforce shortage, but they can also provide the trusted healthcare relationships that patients crave. Large majorities of adults agree that PAs improve health outcomes for patients, improve the quality of healthcare, and/or are well-educated in medicine and have more time to spend with patients. Patients who have an existing relationship with a PA are more likely to say that they feel valued because their PA takes the time to listen, understand their unique needs, communicate clearly, and empower them to take control of their health. In the current healthcare landscape PAs are a resource that, if fully leveraged, could help transform the patient experience.

# Perception & Experience

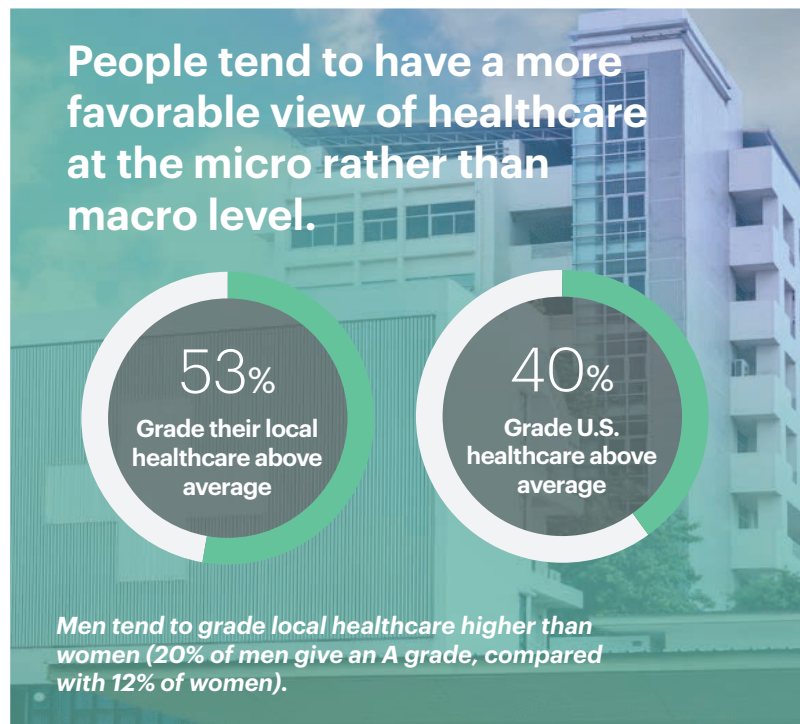
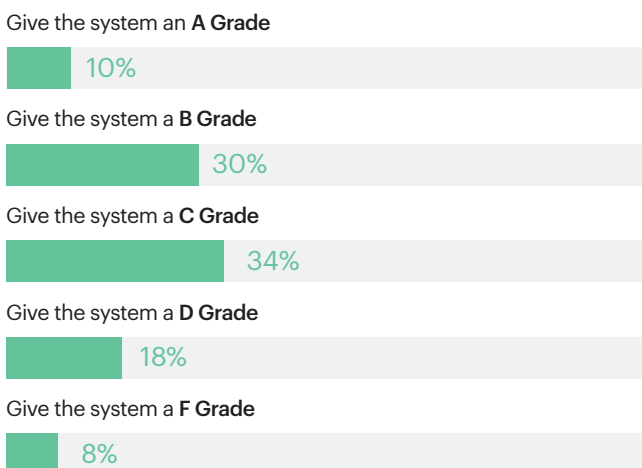
**There are many ways the existing U.S. healthcare system is not meeting people’s needs. The most common ways are related to getting appointments, costs, and the system’s focus on treating acute problems (rather than preventative care and wellness). Pain points encountered within the healthcare system are not felt equally and vary by individual circumstances – and often according to insurance status. However, while patients express frustration with the system overall, they generally are happy with their providers and the care they receive. As people think of healthcare on a more local level, their assessments of healthcare become more positive.**

## Views of the U.S. Healthcare System

Experiences within the U.S. healthcare system vary. About one-quarter of adults feel 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. However, the system is not necessarily broken for everyone and often the biggest struggles with healthcare are in the form of complications resulting from insurance (or lack thereof). For example, those who are on Medicare or Medicaid are the most likely to give the U.S. healthcare system an A grade, and both Medicaid and Medicare recipients are more likely than those with private insurance to rate the system as an A (17% Medicaid, 12% Medicare, 7% private insurance). Further, those on Medicare also are most likely to say the U.S. healthcare system is meeting all of their needs (44% compared with 23% of those who are on Medicaid, 21% of those who have private insurance, and 16% of those who are uninsured).

While patients may be dissatisfied with the system at large, they are relatively more satisfied with their providers and the care they receive. When thinking about healthcare available where they live and personal experiences with providers, assessments of healthcare become more positive. In other words, people tend to have more favorable views of healthcare at the micro rather than macro level: 15% of adults give the healthcare available where they live an A grade, and 38% give it a B. In fact, more than half (53%) grade their local healthcare above average (A or B grade) and more than six in 10 (63%) grade the healthcare they received in the past 12 months above average, while only four in 10 (40%) can say the same for the broader U.S. healthcare system.

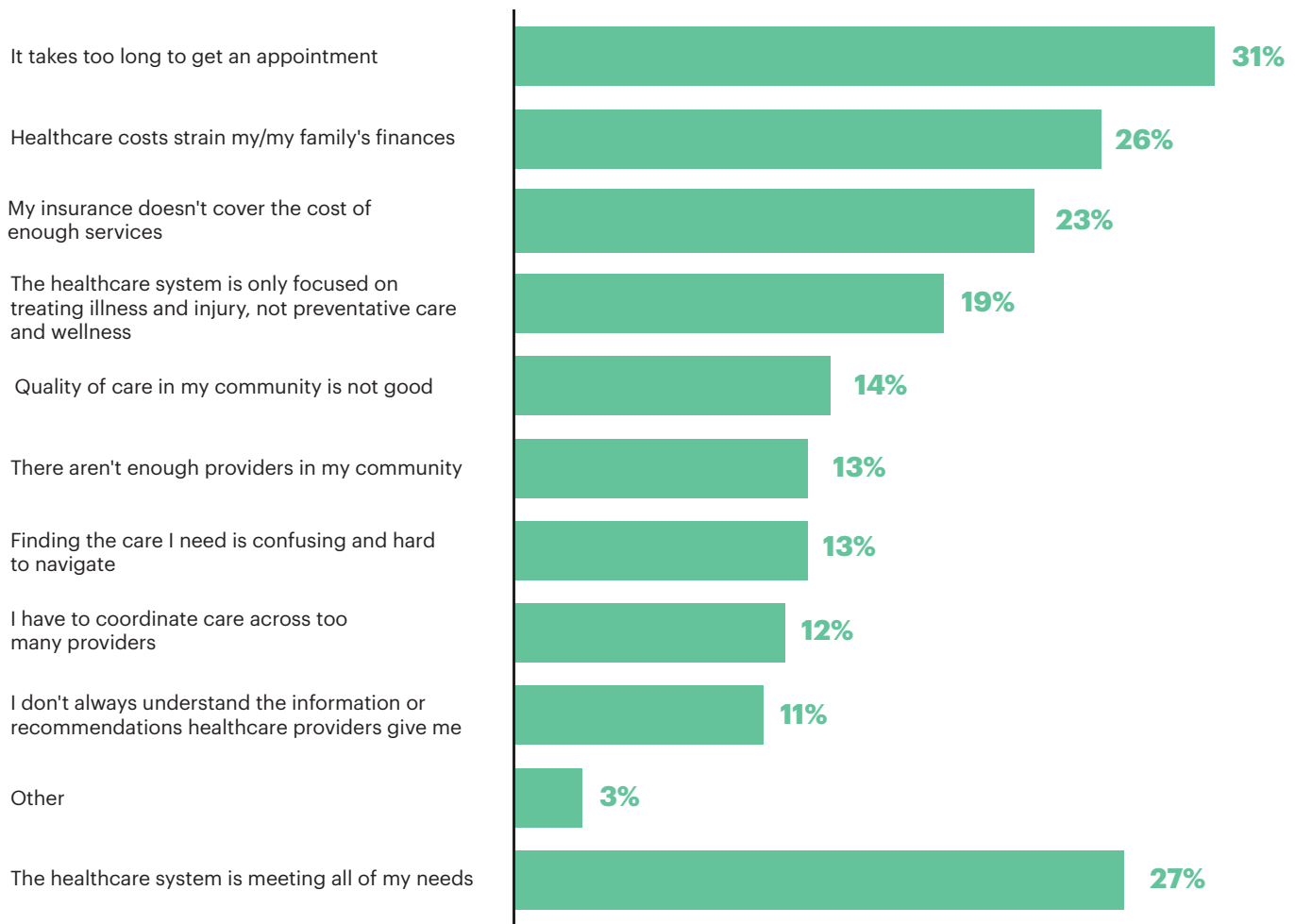
## Healthcare Grades: U.S. Healthcare System



Nearly three-quarters of U.S. adults (73%) say that the healthcare system is not meeting their needs in some way. Yet, the biggest pain points experienced within the healthcare system don't have much to do with the quality of care received or the providers themselves. The most common ways in which the U.S. healthcare system is falling short are related to getting appointments, costs, and the system being focused on treating acute problems (rather than preventative care and wellness). More than three in 10 (31%) say that the healthcare system is not meeting their needs because it takes too long to get an appointment, followed by the strain of healthcare costs on finances (26%), limitations of insurance (i.e., not covering the costs of enough services, 23%), and the outsized focus on treating illness and injury over proactive preventative care and wellness (19%).

Pain points encountered within the healthcare system certainly vary by individual circumstances, including by insurance status. Despite being more likely to give the overall U.S. healthcare system an A grade, those on Medicaid are most likely to say that the quality of care in their communities is not good (24%) and that there are not enough providers in their communities (20%), whereas those on private insurance most commonly say that it takes too long to get an appointment (34%) and that healthcare costs strain their finances (34%). Lack of insurance poses even more of a financial strain: more than two-fifths of those without insurance (44%) say that the healthcare system is not meeting their needs because healthcare costs are straining their finances.

### Ways in Which the Healthcare System Is Not Meeting People's Needs



# Barriers & Pain Points

**This combination of friction and complexities within the U.S. healthcare system often result in a very time-consuming experience – both in the form of accessing care and coordinating care. Often, patients must wait a long time for an available appointment, and on average spend the equivalent of an entire eight-hour workday per month simply navigating the system. Further, when one must navigate the system on behalf of others it can send a ripple effect throughout their lives, often negatively impacting the physical and/or mental health of the care coordinator. In addition to wait times and logistics, cost of healthcare is often prohibitive: It is one of the most common factors people point to when asked in what ways the system is not meeting their needs. Similarly, affordability is the top factor cited when asked about specific barriers to care. As a result, more than two-fifths of U.S. adults say that there are times when they cannot afford care.**

## Accessing Care

Simply trying to get treated by a healthcare provider is one way in which interacting with the healthcare system can be extremely time-consuming. More than half of adults (56%) say they wait more than a week for an appointment, and those who do not get an appointment the same week wait an average of nearly a month (3.9 weeks) for a needed appointment with a provider. This can be problematic since most people (61%) only seek care when they are sick – and therefore the need for care may become more urgent. Younger people in particular are more prone to this approach (71% of 18–34-year-olds and 73% of 35–49-year-olds, compared with 58% of 50–64 and 39% of those 65 and older), as well as those living in rural or urban areas compared with those living in the suburbs (69% and 65% vs. 56%, respectively). Overall, long wait times, especially when sick, are frustrating and discouraging, and do little to restore people’s faith in the healthcare system.

When it comes to physically getting to appointments, adults spend an average of 24 minutes traveling to their healthcare provider’s office, which translates into nearly an hour round-trip. This varies regionally, with those in the Midwest reporting significantly lower travel times on average than other regions (20 minutes one-way, vs. 26 in the Western U.S., 25 in the South, and 24 in the Northeast). For those who rely on public transportation or another person for transportation, travel to medical appointments takes significantly longer: an average of 30 minutes one-way, compared with 23 minutes for those who do not rely on public transport.

**56%** SAY

**They wait more than a week for an appointment**

**61%**

**Of adults only seek care when they are sick**

AGE		LOCALE	
Adults 18-34	71%	Rural	69%
Adults 35-49	73%	Urban	65%
Adults 50-64	58%	Suburban	56%
Adults 65+	39%		

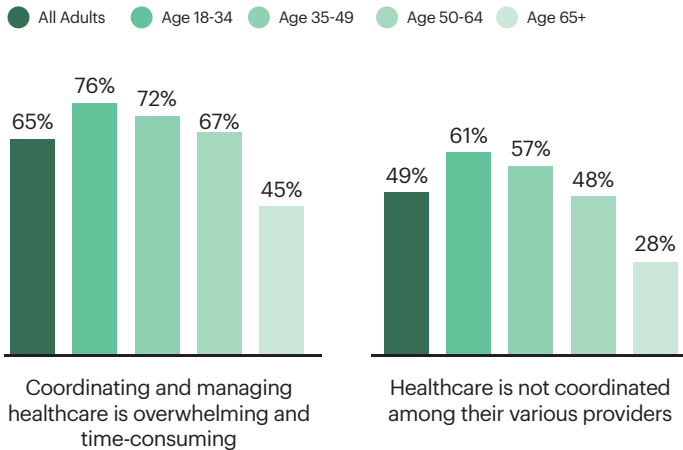


## Coordinating Care

The amount of time required to coordinate healthcare – whether for oneself or a loved one – often leaves people feeling overwhelmed and exhausted. In fact, nearly two-thirds (65%) – especially younger adults – say that coordinating and managing healthcare is overwhelming and time-consuming. Further, because the U.S. healthcare system often is siloed and disjointed, many must coordinate care across providers. Patients often bear the burden of this fragmentation: roughly half (49%) feel that their healthcare is not coordinated among their various providers, and slightly more than one in 10 (12%) say that they have to coordinate care across too many providers. This may be why more than one in 10 (13%) say that finding the care they need is confusing and hard to navigate.

## Healthcare Coordination Challenges

% AGREE



On average, adults spend two hours per week coordinating healthcare for themselves and their family/loved ones – essentially, one full eight-hour workday per month. Notably, time spent coordinating care is even greater among non-white adults, and especially Latino adults (2.6 and 3.0 hours, respectively, compared with 1.6 hours for white adults), as well as among adults who routinely help someone else navigate the healthcare system (2.6 hours per week).

## Average Time Spent Coordinating Care (per week)



\*LATINO ADULTS ARE A SUBSET OF BIPOC ADULTS

More than two-fifths of adults (46%) have helped someone else navigate the healthcare system; of those, more than six in 10 (63%) say they do so routinely and more than two-fifths (45%) have done so in an emergency situation – representing a significant time commitment. Latino adults (54%) are more likely than white adults (43%) to say they have helped someone navigate the healthcare system, with more than one-third of Latinos (35%) doing so regularly and one-quarter saying (24%) they have done so in an emergency situation.

46%

Have helped someone else navigate the healthcare system

54%

Of Latino Adults

43%

Of White Adults

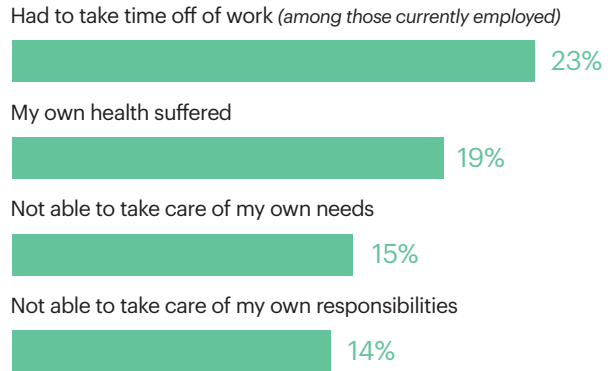
Given the amount of time involved, it's no surprise that 70% of these types of caregivers (i.e., those who have helped someone else navigate the healthcare system) say the coordination and managing of healthcare is overwhelming and time-consuming.

More specifically, upwards of one-quarter of those who have helped someone else navigate the healthcare system describe their experience as frustrating (30%), harder than they had expected it would be (28%), and overwhelming (24%). “It was very intense,” said one woman who helped coordinate care for her mother in an emergency. “There were some frustrations.” She described how the process upended her life for a short time and forced her to take time off work: “I’m not working, I’m not at home. You know, I’m stressed out. Luckily...with laptops and [the internet], I could do the coordination. I could check in on work when I needed to. But yeah, I wasn’t living my normal life.” Another participant, a young man aged 25-34, recounted the short but intense period of putting his daily life on hold to help his girlfriend coordinate care in an emergency: “We’re calling offices, we’re calling doctors, we’re trying to find appointments. It could literally take one to two hours of our day...those three to four days before we finally went to the urgent care. [After we] went to the urgent care, we went to the hospital. It was at nighttime...of course I’m staying up till two or three or 4:00 AM so the next day I’m restless and I’m not able to do my job as well as I hoped and things like that.”

Many would benefit from access to more information and support: only three in 10 care coordinators (30%) say that they had all the information they needed in order to help someone through the healthcare system, and roughly one-quarter (24%) feel that they had the support they needed to provide assistance navigating the healthcare system. Further, more than one in 10 care coordinators felt helpless (12%) or alone (11%) during the process – especially Latino care coordinators (19% felt alone, compared with 10% of white and 5% of Black care coordinators).

Unfortunately, the complexities of the U.S. healthcare system mean that, when spending time helping someone else figure out the system, the caregiver’s own physical and mental health often suffers. Nearly one in five care coordinators say that, as a result of helping someone navigate care they had to take time off work (23%, among those who are currently employed) and/or their own health suffered (19%). Further, around one in seven (15%) say they were not able to take care of their own needs, and nearly the same percentage (14%) were not able to take care of their personal responsibilities.

### Impact of Helping Someone Navigate the Healthcare System on Caregivers



Many care coordinators, as described above, likely have an expanded caregiver role providing full or part-time unpaid care for a loved one. Adults who have helped someone else navigate the system in an emergency situation who are also currently employed report spending an average of 3.3 hours per week coordinating care. Broadly, the common occurrences of caregivers having to take time off of work (or leaving the workforce altogether) and/or being unable to take care of their own health has overarching economic impacts. The Blue Cross Blue Shield Health Index ties the largest dollar amount to negative health outcomes often experienced by caregivers, citing a roughly \$221 billion indirect economic impact. The loss of jobs, work absenteeism, and reduced productivity as a result of caregiving can be translated into a direct impact of about \$44 billion, resulting in a total estimated economic impact of \$264 billion.<sup>1</sup>

Despite the possible impact on care coordinators’ health and personal lives, more than half agree they are glad to help provide the needed support (55%). Around two in five care coordinators say they were grateful to be able to help provide the care needed (41%), and that doing so made them feel good (39%).

# \$264

BILLION

**Total estimated economic impact of negative health outcomes experienced by caregivers<sup>1</sup>**

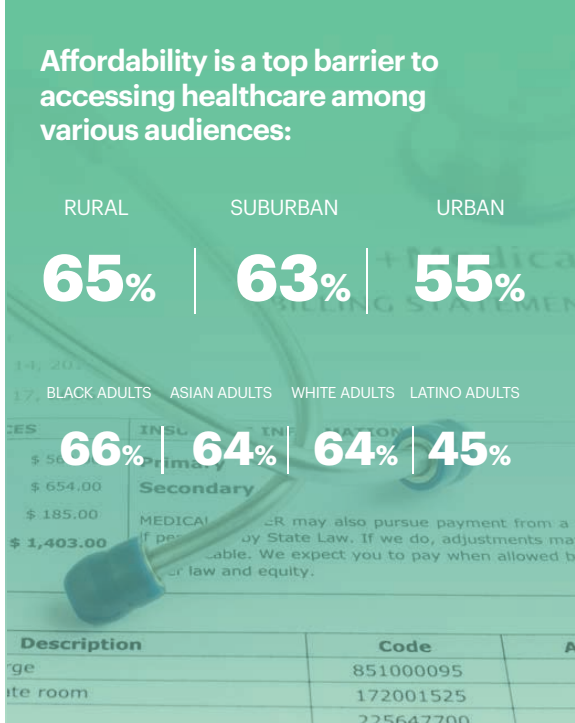
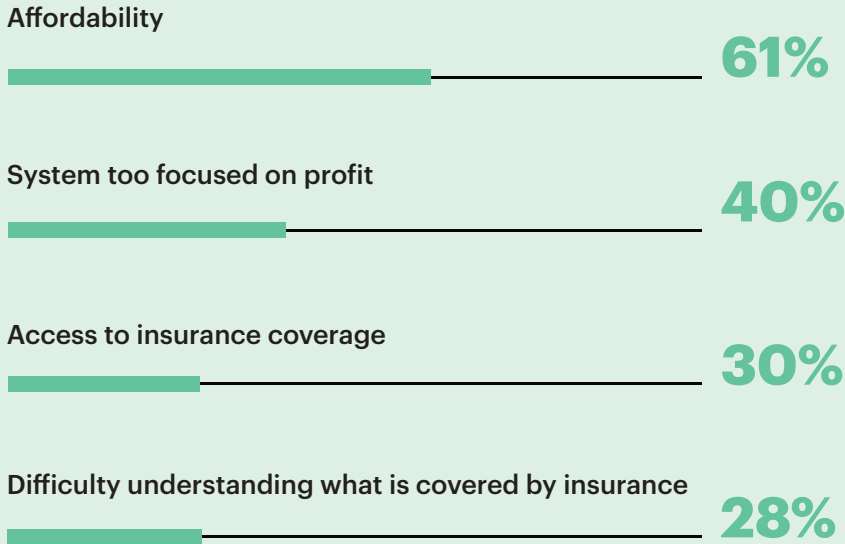
<sup>1</sup>White, Dan, et al. “The Economic Impact of Caregiving.” Blue Cross Blue Shield, 1 June 2021, <https://www.bcbs.com/the-health-of-america/reports/the-economic-impact-of-caregiving#:~:text=The%20estimated%20indirect%20economic%20effect,from%20absenteeism%20issues%20at%20work>

### Cost of Care

While the time involved in waiting for an appointment and navigating systems is one major indicator of the dysfunction of the U.S. healthcare system, cost (or affordability) is another. The strain on individual and family finances is real: A substantial part of the public says there are times when they cannot afford care. With that, the cost of healthcare is one of the most common factors people point to when asked how the system is not meeting their needs, and affordability is cited as the number one specific barrier to care. In the same vein, many also point to insurance as an insufficient source of support and feel that it cannot always be relied upon to cover care that is needed.

More than six in 10 U.S. adults say that affordability in general is among the biggest barriers to accessing healthcare – followed more distantly by other factors that impact affordability: the system being too focused on profit (40%), access to insurance coverage (30%), and difficulty understanding what is covered through insurance (28%). For some, the unaffordable nature of healthcare in the U.S. becomes a personal issue: Roughly one-quarter of adults say that healthcare costs strain their and/or their family’s finances (26%) and/or that their insurance does not cover the costs of enough services (23%, especially women: 25% vs. 20% of men). Further, more than two in five adults (43%) say that there are often times they cannot afford care for themselves or their family; this is particularly true for those with an annual household income less than \$50,000 (53%, compared with 39% of those with an annual household income of \$50,000 or more) and for women (46% compared with 40% of men). As people struggle with the personal financial burden of healthcare, they recognize that their local systems are strained as well: More than two-fifths of adults (42%) say that their community does not have the resources needed to keep people healthy.

### Biggest Barriers to Accessing Healthcare



# Receiving Care

With the time, money, and logistical barriers that arise throughout one’s experience with the U.S. healthcare system, it’s no surprise that delaying or skipping care altogether are common. Cost is identified as a top reason for delaying or skipping care, as is the inability to take time away from other responsibilities. Clearly, putting off or forgoing needed healthcare can have a negative impact on both physical and mental health. For some, experiences with skipping or delaying care have led them to lose faith in the system altogether. Even when care is accessed, patients’ experiences can be just as disjointed as the system itself. Ratings of care personally received are higher than ratings of the U.S. healthcare system overall, but adults observe that providers are noticeably overburdened and seem more rushed than in the past. However, those with a primary care provider do grade their care more favorably than those who do not have one – suggesting that the relationship between patient and provider has the potential to greatly improve the patient’s experience. Unfortunately, many agree that the healthcare system does not serve all people equally.

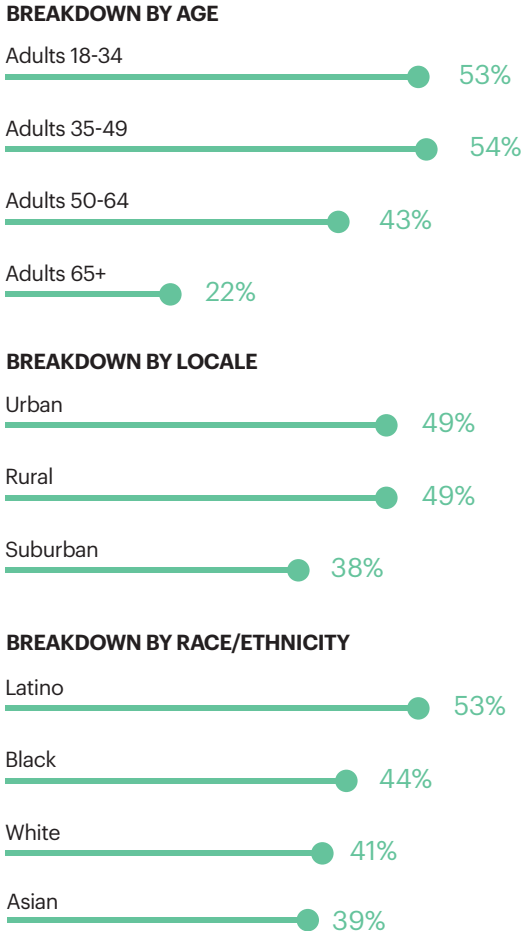
### Delayed Care

More than two in five adults (44%) have either skipped or delayed healthcare services within the past two years, and this practice is even more prevalent among those under the age of 65, those living in urban or rural areas, and for Latino adults. Forgoing healthcare is even more problematic in lieu of the finding that more than half of adults (52%) are very or somewhat concerned about their health (in fact, this population is even more likely to have delayed or skipped care within the past two years: 49%, compared with 38% of those who are not concerned about their health). Those factors most commonly cited as barriers to healthcare, or ways in which the U.S. system does not meet peoples’ needs, also are the biggest drivers of skipped or delayed care.

**44%** OF ADULTS

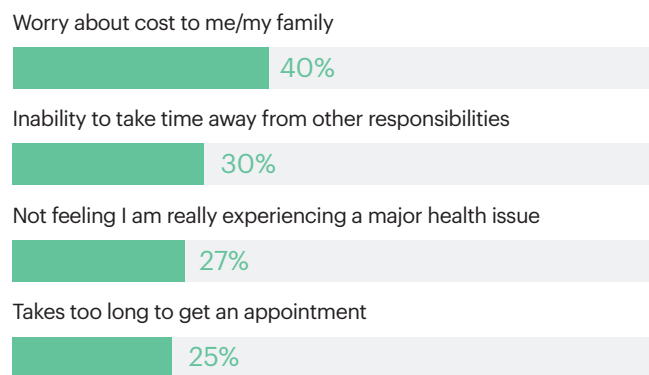
**Have either skipped or delayed healthcare services within the past two years**

### Percent of Adults Who Have Skipped or Delayed Healthcare in the Past Two Years



Among those who have skipped or delayed healthcare services in the past two years, the top reason was worry about the cost to them/their family (40%), followed by the inability to take time away due to other responsibilities like work, family, or personal obligations (30%), feeling as though they were not experiencing a major health issue (27%), taking too long to get an appointment (25%), and/or because the process of finding a provider was too complicated (15%).

### Top Reasons for Skipping or Delaying Healthcare in the Past Two Years



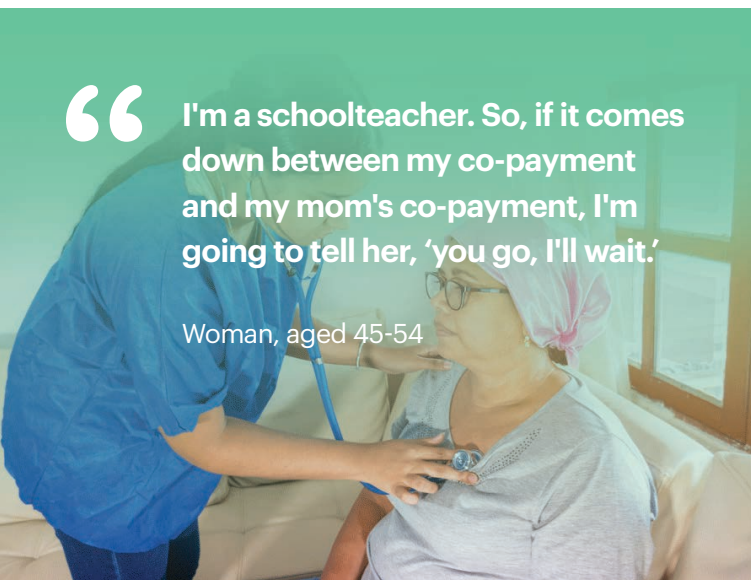
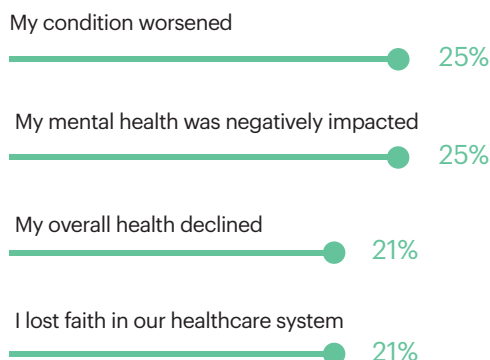
In some instances where cost is a barrier, people may choose to forgo care themselves so that other family members don't have to – as is the case for one study participant (a man aged 35-44) who has delayed his own healthcare: "I know we've got more medical expenses coming on [my wife's] end. So, I'm like, 'well, I'll just hold off on anything I feel like I need.' I'm more financially sensitive for my stuff instead of my family." Another participant, a woman aged 45-54, described a similar mindset: "I'm a schoolteacher. So, if it comes down between my co-payment and my mom's co-payment, I'm going to tell her, 'you go, I'll wait.'"

Six in 10 adults who skipped or delayed care (60%) experienced some kind of impact. One-quarter of those who have skipped or delayed care say their condition worsened (25%) or that their mental health was negatively impacted (25%). One in five (21%) say their overall health declined. The same proportion (21%) go as far as saying they lost faith in the healthcare system.

# 60%

## Of those who have skipped or delayed healthcare in the past two years experienced some type of impact as a result

### Specific Impacts Among Those Who Have Skipped or Delayed Care



“ I'm a schoolteacher. So, if it comes down between my co-payment and my mom's co-payment, I'm going to tell her, 'you go, I'll wait.' ”

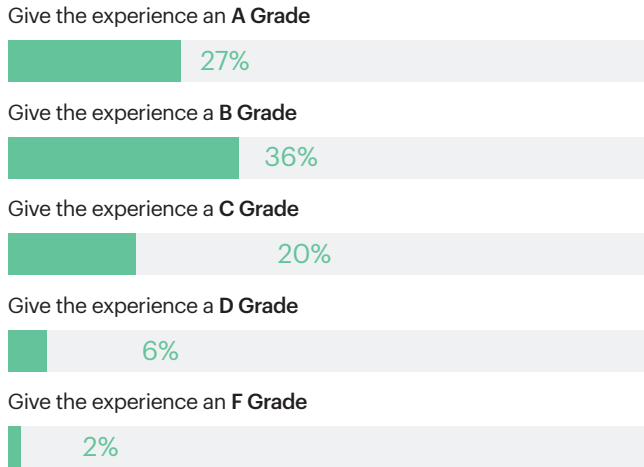
Woman, aged 45-54



### Patient-Provider Interactions

People provide more positive assessments of healthcare they've actually received compared with the U.S. healthcare system overall. More than six in 10 adults (63%) grade the healthcare they received in the past 12 months as an A (27%) or B (36%).

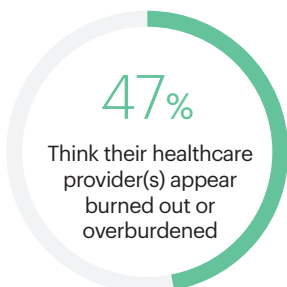
#### Healthcare Grades: Care Received in the Past 12 Months



8% did not receive healthcare in the past 12 months

**White adults and those age 50+ are more likely than their respective counterparts to give the healthcare they received in the past 12 months an A grade.**

Despite feeling generally satisfied with care received, nearly half (47%) observe that their healthcare provider(s) appear burned out or overburdened. This may be why more than seven in 10 (71%) worry that the demands on providers are too great.



**66%** (26% STRONGLY AGREE)  
**Agree healthcare providers seem more rushed than they have been in the past**

Two-thirds of adults (66%) agree that healthcare providers seem more rushed than they have been in the past, and 30% say that they specifically have felt rushed during a healthcare appointment. Adults under the age of 65 are even more likely to say they have felt rushed during an appointment (33% of 18-34-year-olds, 35% of those aged 35-49, and 32% of those aged 50-64 compared with 19% of those 65+).

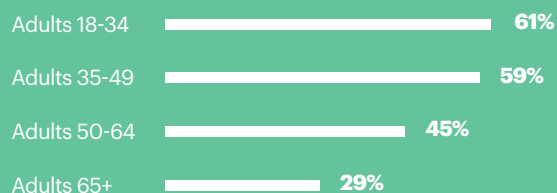
One interview participant – a woman between the ages of 55-64 who has delayed healthcare in the past two years – expressed the frustration she feels when being rushed during an appointment, after already having worked hard to access care in the first place. She gave the U.S. healthcare system a D grade, explaining that “...it's very hard to access care that you need. And when you do get that care, for example, if you need an appointment, it's months before you can actually get in to see a physician or provider. And then when you get in there, everything is rushed. So, it's very much...a business model to make money rather than take care of a person and get to know their issues and what's wrong.”

If providers seem rushed, it's because they are. A 2022 University of Chicago study found that primary care providers simply don't have time to fulfill all of their patients' needs. In fact, researchers estimated that primary care providers would need to work more hours than exist in a day (specifically, 26.7) if they were to follow nationally-recommended guidelines for preventive care, chronic disease care, and acute care. Included in this estimate are slightly more than three hours per day set aside just for documentation and inbox management.<sup>2</sup> Similarly, data from HealthDay and The Harris Poll show that 63% of providers (specifically, primary care physicians and nurses) reported experiencing at least a moderate level of burnout – largely driven by understaffing (66% of primary care physicians and 75% of nurses said they felt burned out for this reason).<sup>3</sup>

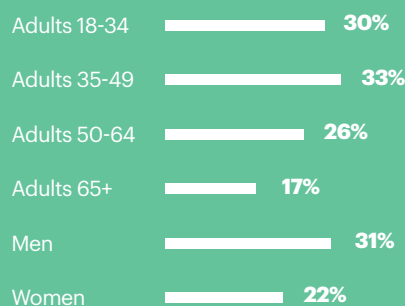
These time constraints impact the overall care experience and leave patients feeling like they have not been fully heard or understood. In fact, nearly half of adults (49%) say they don't always feel listened to by healthcare providers – especially patients under the age of 65. More precisely, roughly one in four say they have experienced a healthcare provider not really listening to them (27%) or that they have felt like a provider has dismissed a concern that they had (23%). "It's important that it's a two-way street," said one study participant (a woman age 65+). "It's really important that both the doctor and the patient have time to talk and address what they want to address."

Unfortunately, two-fifths of adults (40%) say there are times when they are afraid to speak up during healthcare appointments – especially women (43% vs. 36% of men), those under the age of 65 (61% age 18-34, 50% age 35-49, and 27% age 50-64 vs. 18% 65+), and adults with lower levels of education (52% of those with less than a high school degree and 42% of those with less than a four-year college degree vs. 34% of those with a four-year college degree or more). Further, one in 10 adults (11%) say they don't always understand the information or recommendations their healthcare providers give them. Feeling comfortable asking questions and speaking up is a crucial component of the patient-provider relationship, and an important part of advocating for one's health. When providers are rushed, overburdened, and burned out, these moments of connection fall by the wayside.

**"I don't always feel listened to by healthcare providers"**



**"I felt like a provider wasn't really listening to me"**



**40%**

**Say there are times when they are afraid to speak up during healthcare appointments**

**This is especially true among women, those under the age of 65, and those with lower levels of education, compared with their respective counterparts.**

<sup>2</sup>Porter, J., Boyd, C., Skandari, M.R. et al. Revisiting the Time Needed to Provide Adult Primary Care. J GEN INTERN MED 38, 147–155 (2023). <https://doi.org/10.1007/s11606-022-07707-x>

<sup>3</sup>"Almost Two-Thirds of U.S. Doctors, Nurses Feel Burnt out at Work: Poll." HealthDay, Consumer Health News | HealthDay, 1 Mar. 2023, <https://consumer.healthday.com/almost-two-thirds-of-u-s-doctors-nurses-feel-burnt-out-at-work-poll-2659486789.html>.

## Building Trust

Unfortunately, these shortcomings within the U.S. healthcare system have a disproportionate impact on some groups. Many adults (61%) do not believe that the healthcare system serves all people equally. Racial and cultural representation and understanding among providers could be more extensive, as more than half of adults (54%) say they would feel more comfortable seeing a healthcare provider who shares their background. This is especially true of Black (67%), Asian (66%), and Latino (62%) adults, with more than six in 10 of each group sharing this sentiment (compared with less than half of white adults, 49%).

# 64%

## Agree they wish healthcare providers took more time to understand them

Lack of representation can lead to more biased experiences and feelings of judgment among patients, which ultimately inhibits trust-building. For example, Latino adults (19%) are more likely than white (12%) and Asian (8%) adults to say they have felt like healthcare providers assumed things about them based on their race, age, gender, income, health status, or other characteristics. Overall, people of color are more likely to say they wish their healthcare provider recognized and valued their culture and ethnicity (59% vs. 37% of white adults). More broadly, people simply want a provider to take the time to get to know them and build trust.

“ Really understanding, getting to know the patient, and caring for them on a personal level. Wanting the best of the patient, [and] building that relationship and that level of trust with the patient.

Man, age 35-44 (describing what a good healthcare provider means)

MORE THAN

# 6 in 10

Asian, Black, and Hispanic adults say they would feel more comfortable seeing a healthcare provider who shares their background.

When that relationship exists, it is likely to greatly improve the patient's experience. More than six in 10 adults (64%) agree that they wish healthcare providers took more time to understand them (and more than one-fifth, 22%, strongly agree). An even greater proportion (71%) agree that they want stronger relationships with their healthcare providers (and nearly one-quarter, 23%, strongly agree – especially younger adults: 74% ages 18-34 and 77% ages 35-49 vs. 64% age 65+).

Yet, an equal proportion (71%) do feel that healthcare providers have taken time to build trust with them (and 25% strongly agree that this is the case). Men (75%) are more likely than women (67%) to agree with this statement, and older adults (i.e., age 50 or older) are more likely than their younger counterparts (84% of those age 65+ and 72% of those age 50-64 vs. 63% of those age 35-49 and 63% of 18-34-year-olds). It makes sense that when trusted relationships are established, patient experiences improve: those who agree that healthcare providers have taken time to build trust with them are more likely to grade the healthcare they have received in the past 12 months as an A (35%, compared with only 9% of those who disagree that healthcare providers have taken time to build trust).

# 35%

Of those who agree that “healthcare providers have taken time to build trust with them” graded the healthcare they have received in the past 12 months as an A

## Importance of Primary Care

Access to primary care is vital to overall health yet is becoming increasingly out of reach. A 2019 study published in the Journal of the American Medical Association (JAMA) quantifies the impact of primary care providers, showing that having more primary care physicians is associated with better health and longevity: an increase of just 10 primary care physicians per 100,000 population was linked to an extended life expectancy of 51.5 days. Unfortunately, the number of primary physicians per capita has been decreasing.

A primary care provider can offer a lot of value to patients by helping them navigate the system, identifying ways to improve their health, or just working with them in a trusted partnership. Primary care providers also play an important role in escalating care – knowing when to bring in other providers or specialists. One study participant, a man aged 35-44, described a positive experience with a primary care provider in managing his child’s respiratory condition: “The PCP [said], ‘Well, why don’t you try a pulmonologist and see if there’s something more that they can do?’ And [that] was life changing.” He explains that the reassurance of having a trusted provider-patient partnership is invaluable, because “when a doctor really gets to know the patient, and especially your own kids, you’re like, ‘Okay. I feel like I can trust this person. They care. It’s not just a number and they really want to help and do what’s best for my kid.’”

More than three-quarters of adults (78%) have a healthcare provider whom they see on a regular basis, and an even larger majority (86%) have a provider whom they consider to be their primary care provider – most commonly a physician/MD (78%), followed by physician associate (14%), nurse practitioner (11%), specialist (10%), OB/GYN (7%) and/or doctors of osteopathy (4%). As with many aspects of the healthcare system, not everyone has equal access to a primary care provider. For example, lower-income adults (i.e., those with an annual household income less than \$50,000) are less likely to have a primary care provider (79%, compared with 89% of those with an annual income of \$50,000 or more). In addition, those with a lower income also are more likely to be uninsured (15% do not have health insurance, compared with 4% of those with an annual income of \$50,000 or more) – putting regular healthcare, let alone a primary care provider, even further out of reach (more broadly,

89% of adults who have health insurance have a primary care provider vs. 51% of those who are uninsured).

Those who have a primary care provider are more likely than those who do not to be in a supported healthcare partnership.

“ She [my primary care provider] is very responsive to me. She and I can talk very openly and she’s very proactive and she’s willing to consider all the options and refocus the lens when we need to and consider other things...it’s just a good fit for me.

*Woman, age 65+ (describing the trusted long-term relationship that she has with her primary care provider of 10 years)*

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 who do not have a primary care provider (48%) – a valuable support to have, considering the complexities of the U.S. healthcare system.

### % Who Have a Primary Care Provider

All U.S. Adults



Household Income <\$50K



Household Income \$50K+



**Adults with an annual household income less than \$50,000 are significantly less likely to have a primary care provider.**

\*Basu, Sanjay, et al. "Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015." JAMA Network, 18 Feb. 2019, <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2724393>.

Those with a primary care provider also are more likely to agree that their provider identifies ways to improve their health (79% vs. 56% of those without), and/or to feel that their provider works with them as a partner (71% vs. 51%). Having a primary care provider is good, said one man aged 35-44, because they "...can track my health over an extended period of time, and know how things [have] changed in my life physically and health-wise over that period." Conversely, he explained that his experience seeing different providers only when sick – e.g., utilizing urgent care on an as-needed basis – allowed for a mostly reactive rather than proactive approach to health, where providers mostly only "...address those symptoms that [are] right there in front of them and not have any history or any knowledge outside of that particular instance."

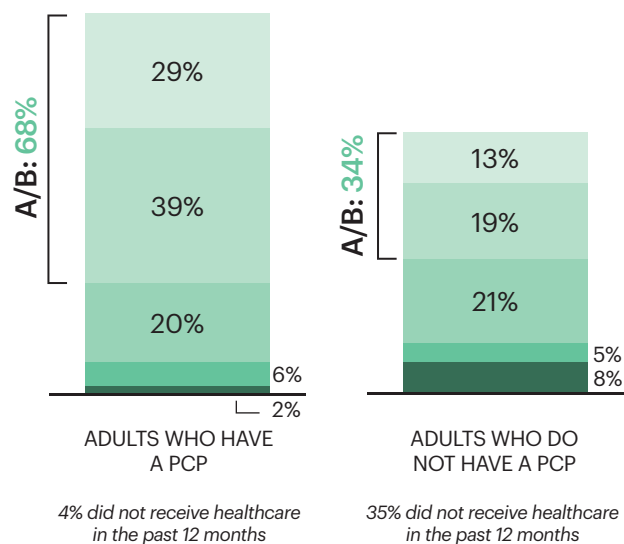
With that, those who have a primary care provider are two times more likely to grade the care they have received in the past 12 months as an A/B (68% vs. 32% who do not have a primary care provider; 29% A and 39% B vs. 13% A and 19% B, respectively).

The benefits of having a primary care provider reach even beyond the patient: care coordinators are likely to see and feel the benefits of having a primary care provider for anyone for whom they provide or coordinate care. In fact, more than two-fifths of those who have helped someone navigate the healthcare system (45%) agree that better primary or preventative healthcare could have prevented that person's health condition/injury/major illness.

About three-quarters of adults (76%) say that they don't have a preference for the type of provider they see; rather, quality of care matters more than the provider's title. Similarly, more than six in 10 (64%) agree that it does not matter what type of healthcare provider they see – it's more important that they can be seen in a timely manner. Here, physician associates/assistants (PAs) are well-positioned to meet patients' needs and break down barriers within the healthcare system due to their ability to provide high-quality, relationship-building care.

### Healthcare Grades: Care Received in the Past 12 Months

● A Grade ● B Grade ● C Grade ● D Grade ● F Grade



### Agreement with Statements

**76%**

*I do not have a preference for the type of healthcare provider I see - it is more about the quality of care*

**64%**

*It does not matter to me which type of healthcare provider I see - it is more important that I can be seen in a timely manner*



# Physician Associates/Assistants & the Future of Healthcare

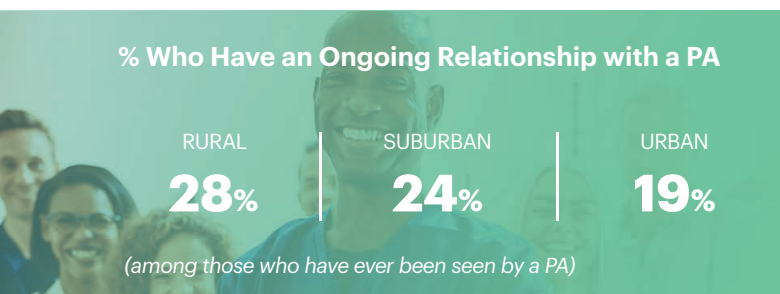
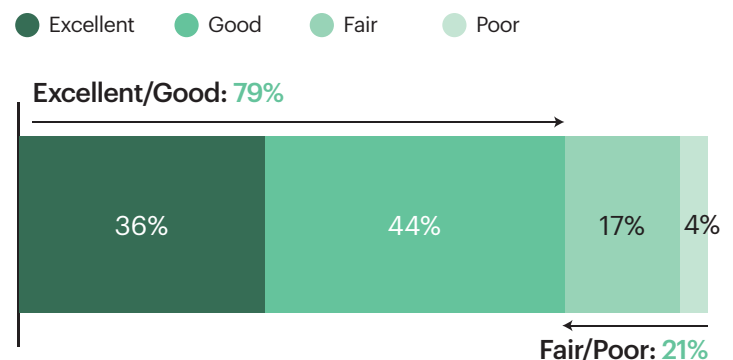
**Not all adults are confident that the U.S. healthcare system will be able to support the care they need in the future. Beyond the need to reduce the cost of healthcare, adults agree that having stronger relationships with providers – especially those whom they trust – has the potential to improve their health. This is where PAs have an opportunity to elevate healthcare within the U.S. Adults who have seen a PA understand the value they can bring to healthcare, and most adults say they would trust a PA to serve as their primary healthcare provider. When an ongoing PA-patient relationship exists, PAs can really ensure that a patient feels listened to, their questions are answered, and their concerns are taken seriously – all things that patients struggle with when trying to navigate and receive care within the U.S. healthcare system. The public also overwhelmingly supports updating laws to allow PAs to provide care to the fullest extent of their education, training, and experience. Moreover, they support the idea that PAs should be utilized to address healthcare workforce shortages – the burden of which patients understand all too well. Allowing all healthcare professions to practice to the fullest extent possible benefits patients and providers alike.**

## Experience with Physician Associates/Assistants

More than two-thirds of U.S. adults (68%) have seen a PA, and of those nearly six in 10 (58%) have seen the same PA more than once. Further, more than one-fifth of adults who have seen a PA (23%) had seen that PA before and have an ongoing relationship with them – in particular, those living in rural areas (28% compared with 24% in suburban areas and 19% in urban areas). Nearly half of adults who have seen a PA (47%) knew they were seeing a PA because the provider introduced themselves as such. Other methods of identification include being told during the appointment scheduling process (38%), noticing the PA designation on the provider’s ID badge or white coat (22%), or knowing based on prior visits (21%).

Patients report positive experiences with PAs. Among adults who have seen a PA, a large majority (79%) rate the medical care they received from their PA in the past 12 months as good or excellent. Similarly, those who have a relationship with a PA are more likely to grade the healthcare they have received in the past month as an A (37% vs. 26% who have seen a PA but do not have an ongoing relationship).

## Quality of Medical Care Received From a PA in the Past 12 Months



In fact, virtually all adults who have seen a PA (95%) say that something about the PA's care made them feel valued – most commonly that the PA listened to them (64%), treated them with respect (63%), answered all their questions (56%), took their concerns seriously (55%), and/or were good communicators (52%).

## 95% Say something about a PA's care made them feel valued

“ I'm able to see them [PAs] very quickly as opposed to my doctor. The access is really good. [They are] attentive, thorough, friendly, and accessible.

Woman, age 65+

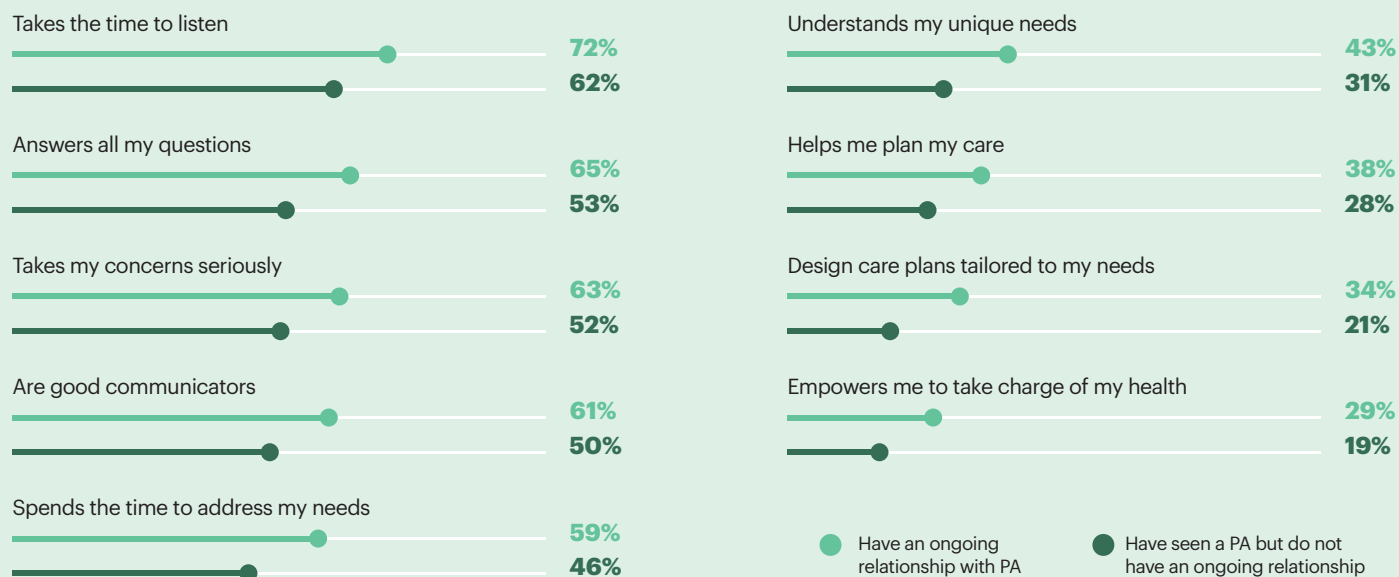
Having an ongoing relationship with a PA further establishes and enhances these positive feelings: those with an existing relationship with a PA are more likely than those who have seen a PA but do not have a relationship with them to feel valued because the PA takes the time to listen, understand their unique needs, communicate clearly, and empower them to take charge of their health.

With that, slightly more than two-thirds of those who have seen a PA (67%) say they would trust a PA to serve as their primary healthcare provider. This sentiment is even stronger among those who have an ongoing relationship with a PA: 76% say they would trust a PA to be their primary provider. When asked why, nearly half of responses (46%) had to do with personal attributes (including knowledge (18%) and being well-trained (10%)), followed by overall quality of care attributes (31%).

## 67%

Who have seen a PA say they would trust a PA to serve as their primary health provider

### Top Ways in Which a PA's Care Makes Patients Feel Valued (among adults who have seen a PA)

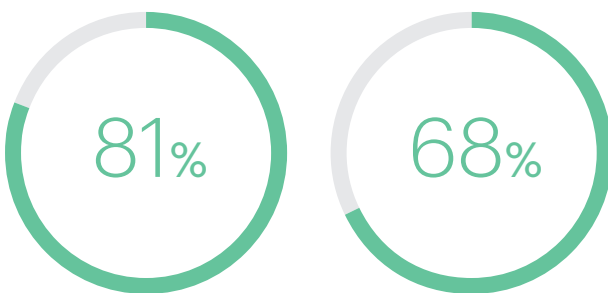


## The Future of Healthcare

Despite the challenges noted, a majority of U.S. adults (75%) do agree that the healthcare system will be able to support the care they need over the next five years, and around two-thirds (67%) think the system will be able to support the care they need at all stages of life. Younger adults (i.e., those under the age of 50) and women are less confident, however: While more than half do agree with each of these sentiments, they are less likely than their counterparts to feel this way.

That said, eight in 10 adults (81%) fear that healthcare quality will suffer as care increasingly becomes focused on profit. In addition, nearly seven in 10 are concerned that healthcare workforce shortages will impact them (68%) and/or their family/loved ones (68%). While staffing shortages are being felt across all industries, a February 2023 study from HealthDay and The Harris Poll revealed more than one-third of U.S. adults (35%) have noticed or been impacted by healthcare staffing shortages. The healthcare industry also has experienced the largest increase in share of consumers who are affected by staffing shortages, relative to other sectors (retail, hospitality, education, customer support, and manufacturing).<sup>5</sup> Unfortunately, staffing woes (and, consequently, the physician shortage) are expected to persist. According to a forecast from the Association of American Medical Colleges (AAMC), "physician demand will grow faster than supply, leading to a projected total physician shortage of between 37,800 and 124,000 physicians by 2034" (which includes a shortage of roughly 17,800 to 48,000 primary care physicians).<sup>6</sup>

### Attitudes about the Future of Healthcare



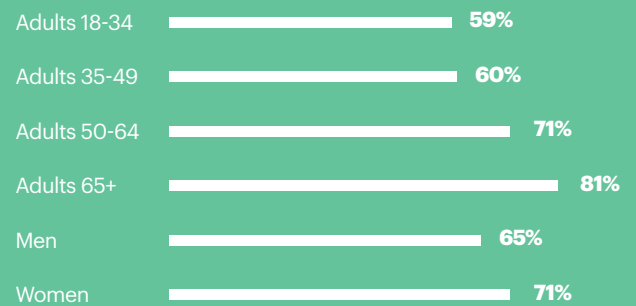
81%  
Fear that healthcare quality will suffer as care increasingly becomes focused on profit

68%  
Are concerned that healthcare shortages will impact them and/or their families/loved ones

### % Agree: "The healthcare system will be able to support the care I need over the next 5 years."



### % Agree: "The current healthcare system will be able to support the care I need at all stages of life."



Aside from the burden caused by healthcare staffing shortages (passed along to both patients and providers), solutions around cost, time, and logistics/insurance are seen by patients as having the potential to improve their health. When asked what would improve their health, adults most commonly say healthcare not costing so much (36%), followed by less difficulty getting an appointment (23%), more focus on preventative care (23%), and insurance coverage being easier to understand (21%).

In addition to these systemic changes, many adults also crave trust and a relationship or partnership from their healthcare provider – all qualities present within the PA-patient experience: seven in 10 (71%) want stronger relationships with their healthcare providers, two-thirds (67%) say their health would improve if they regularly worked with a healthcare provider whom they trusted, and more than half (54%) think their health would improve if their healthcare providers helped them figure out the healthcare system.

<sup>5</sup>Thompson, Dennis. "Poll Finds More Americans Worried about Health Care Understaffing." HealthDay, Consumer Health News | HealthDay, 10 Mar. 2023, <https://consumer.healthday.com/poll-finds-more-americans-worried-about-health-care-understaffing-2659508223.html>.

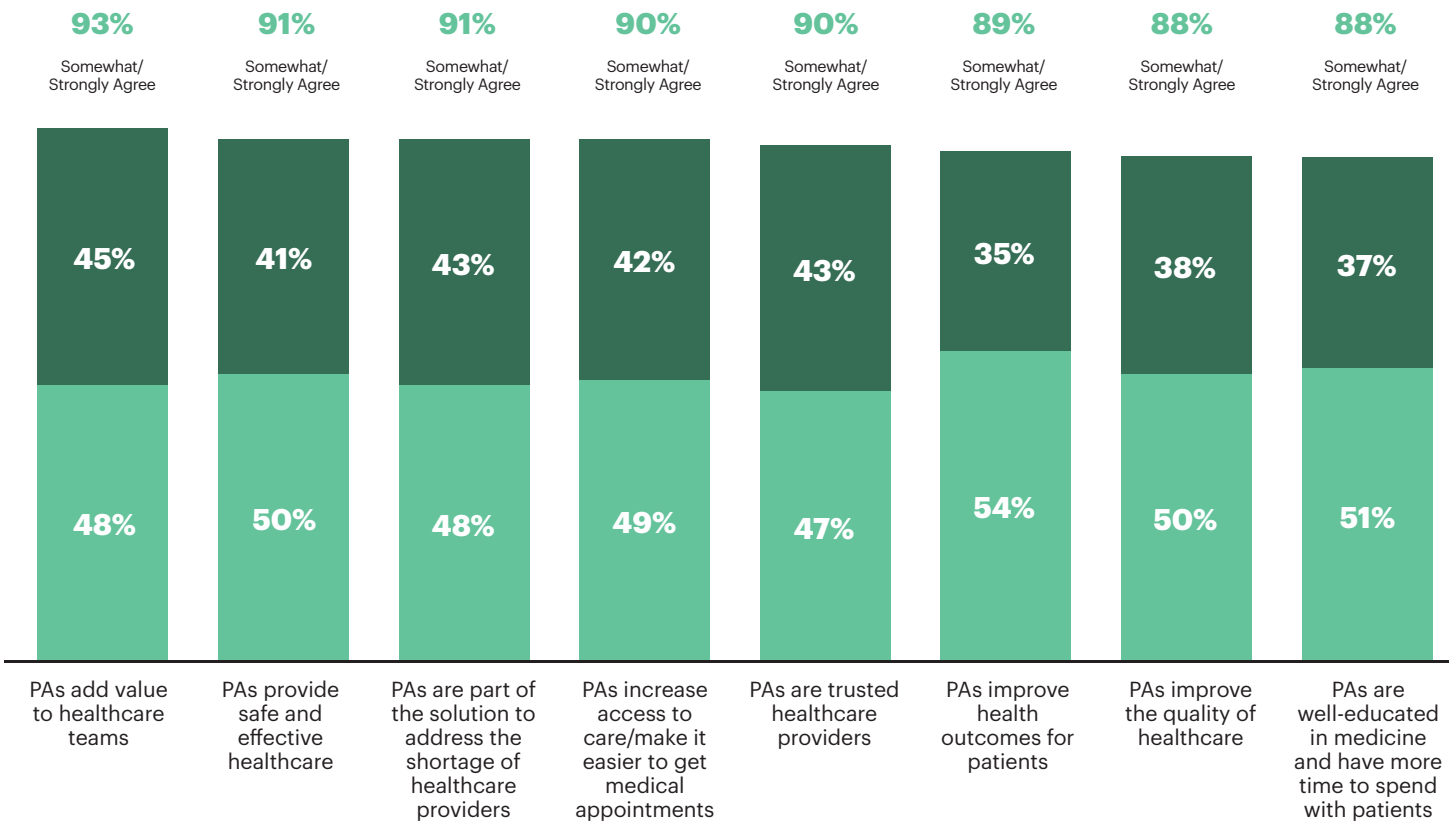
<sup>6</sup>Dall, Tim, et al. The Complexities of Physician Supply and Demand: Projections from 2019 to 2034. Association of American Medical Colleges, [https://www.aamc.org/media/54681/download?attachment&\\_hsenc=p2ANqtz--EKMOcjRgBrLYHGJfF1MTj08mR6y6NNUguzjW4fhrY6h\\_GpAsBdxeOCjZvGxkJmztj](https://www.aamc.org/media/54681/download?attachment&_hsenc=p2ANqtz--EKMOcjRgBrLYHGJfF1MTj08mR6y6NNUguzjW4fhrY6h_GpAsBdxeOCjZvGxkJmztj).

## Physician Associates/Assistants as Part of the Solution

Beyond their own positive experiences (and ongoing relationships) with PAs, large majorities of those who have seen a PA view PAs as elevating the healthcare system as a whole. Upwards of nine in 10 agree that PAs add value to healthcare teams (93% agree at least somewhat, 45% strongly agree), provide safe and effective healthcare (91%, 41%), increase access to care or make it easier to get a medical appointment (90%, 42%), and/or are trusted healthcare providers (90%, 43%). More than eight in 10 agree that PAs improve health outcomes for patients (89% agree at least somewhat, 35% strongly agree), improve the quality of healthcare (88%, 38%), and/or are well-educated in medicine and have more time to spend with patients (88%, 37%).

### Agreement with Statements about PAs

● Somewhat Agree ● Strongly Agree



In addition, more than nine in 10 agree (91% agree at least somewhat, 43% strongly agree) that PAs are part of the solution to address the shortage of healthcare providers. This sentiment is further supported by AAMC’s healthcare shortage forecasts. Though the overall projections reveal a future where healthcare provider demand far outpaces supply, there does exist a forecast model where this is not the case: one that accounts for an increased role of PAs and/or advanced practice registered nurses (APRNs). AAMC’s forecasts show that “projected demand exceeds supply under all scenarios modeled except the one that assumed the highest impact of APRNs and PAs on primary care” (the so-called APRN/PA High Use Demand Scenario). Built into this model are the assumptions that the supply of newly trained PAs and APRNs continues to increase at a sustainable rate, and that these providers will be in the position to alleviate demand for physicians.<sup>7</sup>

**91%** of adults who have seen a PA

**Agree that PAs are part of the solution to address the shortage of healthcare providers**

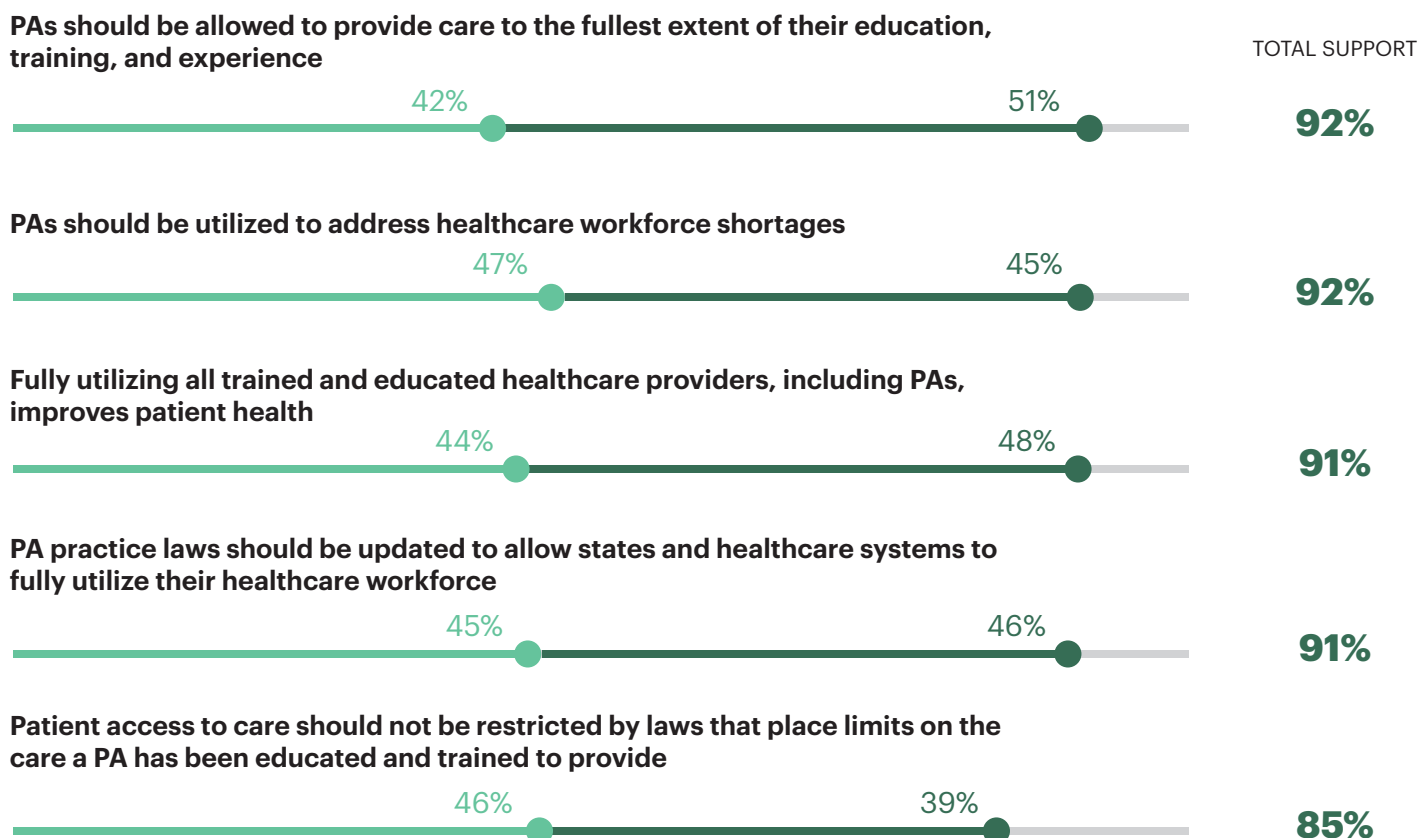
<sup>7</sup> Dall, Tim, et al. The Complexities of Physician Supply and Demand: Projections from 2019 to 2034. Association of American Medical Colleges, [https://www.aamc.org/media/54681/download?attachment&\\_hsenc=p2ANqtz-EKM0cjqRGRBrLYHGJtF1MTj08mR6y6NNUgvuZjW4fhrY6h\\_GpAsBdxeOCjZvGxkJmznztj](https://www.aamc.org/media/54681/download?attachment&_hsenc=p2ANqtz-EKM0cjqRGRBrLYHGJtF1MTj08mR6y6NNUgvuZjW4fhrY6h_GpAsBdxeOCjZvGxkJmznztj).



Given these sentiments and projections it makes sense that, on a policy level, adults are on board with increased utilization of PAs and allowing them to practice to the full extent of their education, training, and experience. Although PAs currently face barriers that limit the care they are allowed to provide to patients, people overwhelmingly express support for the role that PAs could play in building a better healthcare system at the local and national level. More specifically, majorities agree that:

### Support for PAs

● Somewhat Support    ● Strongly Support



By fully utilizing all trained and educated healthcare providers, including PAs, patient health can be improved. The U.S. healthcare system can become better equipped to address an aging population, a rise in chronic disease, and a significant healthcare workforce shortage. In order to do so, however, PA practice laws must be updated to allow states and healthcare systems to entirely leverage their healthcare workforce. Empowering all healthcare professionals to practice to the fullest extent possible benefits both patients and providers alike.