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 North Carolina.

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

Nearly 1 in 3 adults in North Carolina rate the U.S. healthcare system as poor. Concerns about workforce shortages are significant in North Carolina.

- **Dissatisfaction with healthcare system:** Thirty-one percent of North Carolinians grade the healthcare system as poor (31% give it a D or F). Nationally, about one-quarter of adults share this sentiment: 26% give the U.S. healthcare system a D (18%) or an F (8%) grade, while only one in ten (10%) give it an A.

- **Impact of workforce shortages:** A majority of adults in North Carolina worry that healthcare workforce shortages will impact them (74%) and/or their families (69%). This is directionally higher than sentiment at the national level, with nearly seven in ten concerned that healthcare workforce shortages will impact them (68%) and/or their family or loved ones (68%).

### Healthcare Grades: U.S. Healthcare System

- **North Carolina**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Excellent (A)</td>
<td>8%</td>
</tr>
<tr>
<td>Above average (B)</td>
<td>28%</td>
</tr>
<tr>
<td>Average (C)</td>
<td>32%</td>
</tr>
<tr>
<td>Below average (D)</td>
<td>22%</td>
</tr>
<tr>
<td>Failing (F)</td>
<td>9%</td>
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</table>
The healthcare system falls short in addressing patient needs in North Carolina and nationally. Affordability is a top barrier for care and is causing strain for a substantial amount of people and their families and is likely impacting their health.

- **Deterring care**: Affordability stands as a primary hurdle, with 61% of adults nationally and 66% in North Carolina identifying it as a top barrier to healthcare access. U.S. adults also rate the system’s outsized focus on profit, insurance coverage availability, and ability to understand coverage options as other factors that contribute to accessibility challenges.

- **Financial strain**: Two-thirds of those in North Carolina (66%) say that affordability is among the biggest barriers to healthcare access in the U.S. Nearly a third (31%) of North Carolinians say that healthcare costs strain their (and/or their family’s) finances.

- **Insurance lacks coverage**: Adults in North Carolina are more likely than adults in the U.S. overall to say their insurance not covering the cost of enough services (28% vs. 23%) is a way the system is not meeting their needs.

- **Affordability is key**: Adults in North Carolina are more likely to feel that their health would be improved if healthcare didn’t cost so much (46% vs. 36% nationally).

### Biggest Barriers to Accessing Healthcare

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>North Carolina</th>
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</thead>
<tbody>
<tr>
<td>Affordability</td>
<td>61%</td>
<td>66%</td>
</tr>
<tr>
<td>System too focused on profit</td>
<td>40%</td>
<td>43%</td>
</tr>
<tr>
<td>Access to insurance coverage</td>
<td>30%</td>
<td>31%</td>
</tr>
<tr>
<td>Difficulty understanding what is covered by insurance</td>
<td>28%</td>
<td>24%</td>
</tr>
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</table>

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

- It takes too long to get an appointment
- Healthcare costs strain my/my family’s finances
- My insurance doesn’t cover the cost of enough services
- The healthcare system is only focused on treating illness and injury, not preventative care and wellness
- Quality of care in my community is not good
- There aren’t enough providers in my community
- Finding the care I need is confusing and hard to navigate
- I have to coordinate care across too many providers
Coordinating care burdens patients and informal caregivers assisting family and friends navigate the healthcare system.

- **Coordinating care:** Both in North Carolina (62%) and nationwide (65%), significant majorities of adults find healthcare coordination overwhelming and time-consuming. Adults in North Carolina report spending an average of 1.8 hours a week coordinating care for themselves or their families and an average of 2.4 hours if they are helping someone else navigate care. Nationally, adults spend an average of 2.0 hours coordinating care for themselves or their families and an average of 3.3 hours helping someone else.

- **Long wait times:** On average, nationally and in North Carolina, 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 3.7 weeks (North Carolina).

Cost worries significantly influence behavior and, ultimately, shape health outcomes.

- **Skipping care:** Two-fifths of adults (44%) in both North Carolina and nationally say they have delayed or entirely skipped healthcare services within the past two years.

- **Cost of care:** Adults in North Carolina are more likely than those nationally to say they delayed or skipped care (52% vs. 40%, respectively).

- **Impact of skipping care:** Sixty-four percent of adults in North Carolina who delayed or skipped care within the past two years experienced some kind of impact as a result, including worsening condition (32%), negative impact on mental health (24%), and/or overall health decline (24%). Results were directionally similar nationally, with 60% reporting some kind of impact.

44% OF ADULTS IN NORTH CAROLINA

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

56%

Of adults in North Carolina only seek care when they are sick
While many adults provide positive assessments of their personal interactions with providers, around half observe that their healthcare provider(s) appear burned out or overburdened. This can lead to patients feeling rushed during appointments.

- **Demands on healthcare providers**: About two-thirds agree (69% in North Carolina and 66% nationally) that healthcare providers seem more rushed than they have been in the past.

- This may be why three-fourths of North Carolinians (76%) worry that the demands on providers are too great, and more than half (53%) say their healthcare providers appear to be burned out/overburdened.

- **Patient sentiment**: Over a third of adults in North Carolina (35%) and 30% nationally say that they personally have felt rushed during a healthcare appointment, and half acknowledge (50% vs. 49% nationally) that they don’t always feel listened to by healthcare providers.

**The Value of Physician Associates/Assistant**

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

- **Primary care**: At a national level, more than four-fifths of adults (86%) have a primary care provider. North Carolina adults are about equally likely to have a primary care provider (85%). Nationally, 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.

- **Navigating the system**: Nationally, those who have a primary care provider are more likely to say that healthcare providers help them navigate the healthcare system – compared with those who do not have a primary care provider (63% vs. 48%).

- **Preventing health conditions**: More than two-fifths of care coordinators nationally (45%) agree that better primary or preventative healthcare could have prevented the health condition, injury, or major illness for the patient.

### Support for PAs (Strongly/Somewhat Support)

<table>
<thead>
<tr>
<th>Support</th>
<th>U.S.</th>
<th>North Carolina</th>
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</thead>
<tbody>
<tr>
<td>PAs should be allowed to provide care to the fullest extent of their education, training, and experience</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td>PAs should be utilized to address healthcare workforce shortages</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Fully utilizing all trained and educated healthcare providers, including PAs, improves patient health</td>
<td>91%</td>
<td>94%</td>
</tr>
<tr>
<td>PA practice laws should be updated to allow states and healthcare systems to fully utilize their healthcare workforce</td>
<td>91%</td>
<td>92%</td>
</tr>
<tr>
<td>Patient access to care should not be restricted by laws that place limits on the care a PA has been educated and trained to provide</td>
<td>85%</td>
<td>86%</td>
</tr>
</tbody>
</table>
Patients with an ongoing relationship with a PA report feeling valued because the PA takes the time to listen, understand their unique needs, communicate clearly, and empower them to take control of their health.

- **PA trust:** About two-thirds of adults (64%) nationally and in North Carolina (69%) say that they would trust a PA to serve as their primary care provider.

- **High marks for PA care:** Around eight in ten (79% nationally and 83% in North Carolina) who have seen a PA rate the medical care they received from a PA in the past 12 months as either good or excellent. Nationally, those who consider themselves as having an ongoing relationship with a PA 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).

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

- **Maximizing PA care:** Large majorities agree that PAs should be allowed to provide care to the fullest extent of their education, training, and experience (92% nationally and 93% in North Carolina).

- **Updating PA practice laws:** Majorities also support PA practice laws being updated to allow states and healthcare systems to fully utilize their healthcare workforce (91% nationally and 92% in North Carolina).

Unlocking the potential of all trained healthcare providers, including PAs, holds the key to enhancing patient well-being. However, maximizing this approach mandates updating PA practice laws, enabling states and healthcare systems to fully harness their workforce.
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+. The survey was conducted from February 23 – March 9, 2023. The survey among those living in North Carolina (n=509) was fielded from July 26 – August 13, 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.