## The Patient Experience Perspectives on Today's Healthcare



## Background

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

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**

More than a third of adults in South Dakota give the U.S. system a failing grade, and a substantial proportion of South Dakotans are concerned about their community having the resources they need to keep people healthy.

- Dissatisfaction with the healthcare system: In South Dakota, 35% of adults grade the healthcare system as poor (27% give it a D and 8% give it an F). Nationally, 26% rate it the same: (D/F: 18% and 8% respectively).
- Impact of workforce shortages: About seven in ten South Dakotans worry that healthcare workforce shortages will impact them (71%) and/or their families (68%). A similar proportion of adults nationally feel the same (68% and 68%, respectively).
- **Concern about community resources:** A third (34%) of South Dakotans feel that their community does not have the resources needed to keep people healthy; however, this is significantly less than U.S. adults nationally who report feeling the same about their community (42%).

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







## The healthcare system falls short in addressing people's needs in South Dakota and nationally. South Dakotans identify affordability as a top deterrent to accessing care.

- **Deterring care:** Affordability stands as a primary hurdle, with more than seven in ten adults in South Dakota (71%) saying that affordability in general is the top barrier to accessing healthcare. The proportion of South Dakotans who feel this way is higher than what is seen nationally (61%).
- **Focus on profit:** South Dakotans are significantly more likely, compared to adults on a national level, to state that they fear their healthcare quality will suffer as care increasingly becomes focused on profit (90% vs. 81%, respectively).
- **Financial strain:** Over two in five (41%) of adults in South Dakota say healthcare costs strain their (and/or their families finances. This is significantly more than those who say the same on the national level (26%).









Coordinating care burdens patients and informal caregivers assisting family and friends navigating the healthcare system.

- Coordinating care: Nearly two-thirds of adults (65%), both nationally and in South Dakota, say that coordinating and managing healthcare is overwhelming and time-consuming. Adults in South Dakota report spending an average of 1.4 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, whether nationally or in South Dakota, 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 four weeks (South Dakota).



Cost worries, access barriers, care coordination challenges, and resulting frustration significantly influence behavior and, ultimately, shape health outcomes.

- **Skipping care:** More than half (55%) of adults in South Dakota say they have delayed or entirely skipped healthcare services within the past two years, which is a higher proportion than what is seen nationally. Nationally, more than two-fifths of adults (44%) say they have either delayed or skipped care.
- **Cost of care:** Adults in South Dakota who delayed or skipped care are more likely than those nationally to say it was because they were worried about the cost (58% and 40%, respectively). More than half of South Dakotans, and significantly more than those at a national level, felt that their health would improve if healthcare didn't cost so much (53% vs. 36% nationally).
- Impact of skipping care: South Dakotans are significantly more likely than adults nationally to only seek care when they are sick (69% vs. 61%, respectively). Of those who delayed or skipped care, 58% of South Dakotans experienced some kind of impact as a result, including negative impact on mental health (30%), worsening condition (21%), and/or loss of faith in the healthcare system (16%). Results were directionally similar nationally, with 60% reporting some kind of impact.

555% OF ADULTS IN SOUTH DAKOT

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





While many adults provide positive assessments of their personal interactions with providers, nearly half observe that their healthcare provider(s) appear burned out or overburdened which may lead to patients feeling rushed during appointments especially for those in South Dakota.

- **Demands on healthcare providers:** More than seven in ten (73%) in South Dakota worry that the demands on providers are too great, and a similar percentage (71%) agree that healthcare providers seem more rushed than they have in the past.
- **Patient sentiment:** Adults in South Dakota are more likely than adults nationally to say they personally have felt rushed during a healthcare appointment (38% vs. 30%, respectively). About two in ten South Dakotans (22%) say their own healthcare would be improved if their healthcare provider had more time to spend with them.

### The Value of Physician Associates/Assistants

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

• **Primary care:** At a national level, more than four-fifths of adults (86%) have a primary care provider, while 14% do not. South Dakota adults are about equally likely to have a primary care provider (84%). 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:** More than six in ten adults nationally who have a primary care provider (63%) say that healthcare providers help them navigate the healthcare system compared with less than half of those who do not have a primary care provider (48%).
- Preventing health conditions: Nationally, more than two-fifths of care coordinators (45%) agree that better primary or preventative healthcare could have prevented the health condition, injury, or major illness for the patient.







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

- **PA trust:** Two-thirds of adults nationally (64%) say they would trust a PA to serve as their primary care provider. The percentage of South Dakotans saying the same is even higher (74%).
- **High marks for PA care:** Nearly eight in ten (79% nationally and 75% in South Dakota) who have seen a PA in the past 12 months rate the medical care as either good or excellent. Nationally, those who see themselves as having an ongoing relationship with a PA rate the care even higher (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%, both nationally and in South Dakota, are in support).
- 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 93% of those in South Dakota).



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 South Dakota (n=507) 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.





