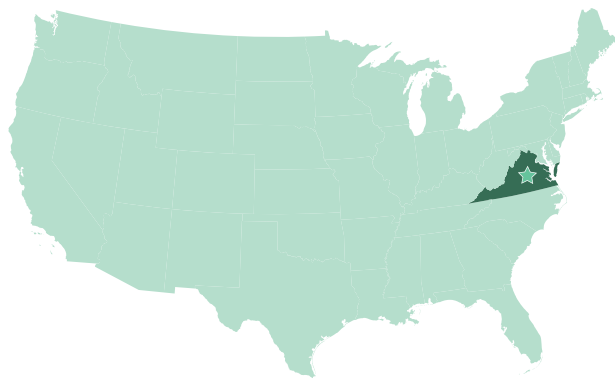


The Patient Experience

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 Virginia.

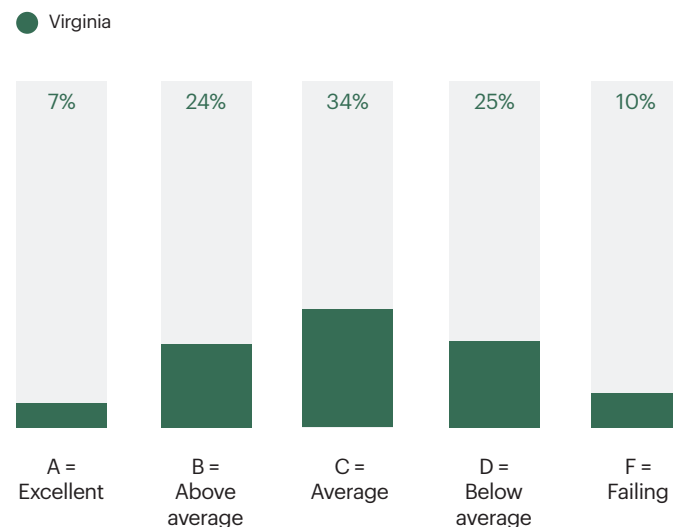
The research revealed that the U.S. healthcare system is stretched thin – a reality that was both illuminated during and exacerbated by the COVID-19 pandemic. In addition to healthcare provider burnout and staffing shortages, many feel that not everyone has equal access to care, and simply navigating 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 Virginians give the U.S. system a failing grade and a substantial proportion of Virginians are concerned about their community having the resources they need to keep people healthy.

- Dissatisfaction with healthcare system:** Virginians are notably more critical of the healthcare system, with more than a third (35%) giving the system a poor grade (25% D, 10% F), a significantly higher rate than the national average. Nationally, 26% of adults rate the U.S. healthcare system poorly (D: 18%, F: 8%).
- Impact of workforce shortages:** Around three-quarters of adults in Virginia worry healthcare workforce shortages will impact them (77%) and/or their families or loved ones (74%). This is higher than what is seen on a national level (68% and 68%, respectively).
- Concern about community resources:** More than a third (37%) of Virginians feel that their community does not have the resources needed to keep people healthy. A similar proportion of U.S. adults nationally report feeling the same about their community (42%).

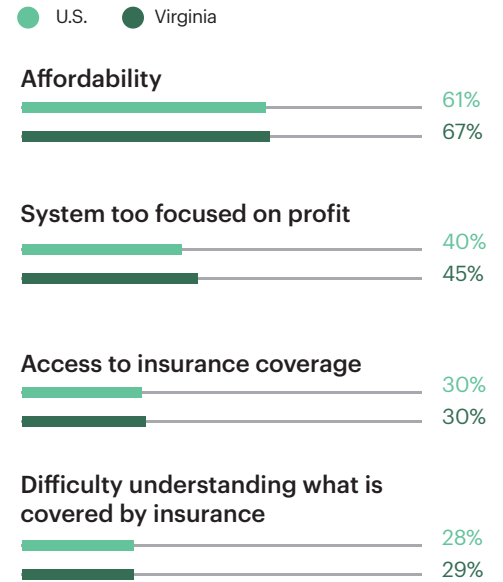
Healthcare Grades: U.S. Healthcare System



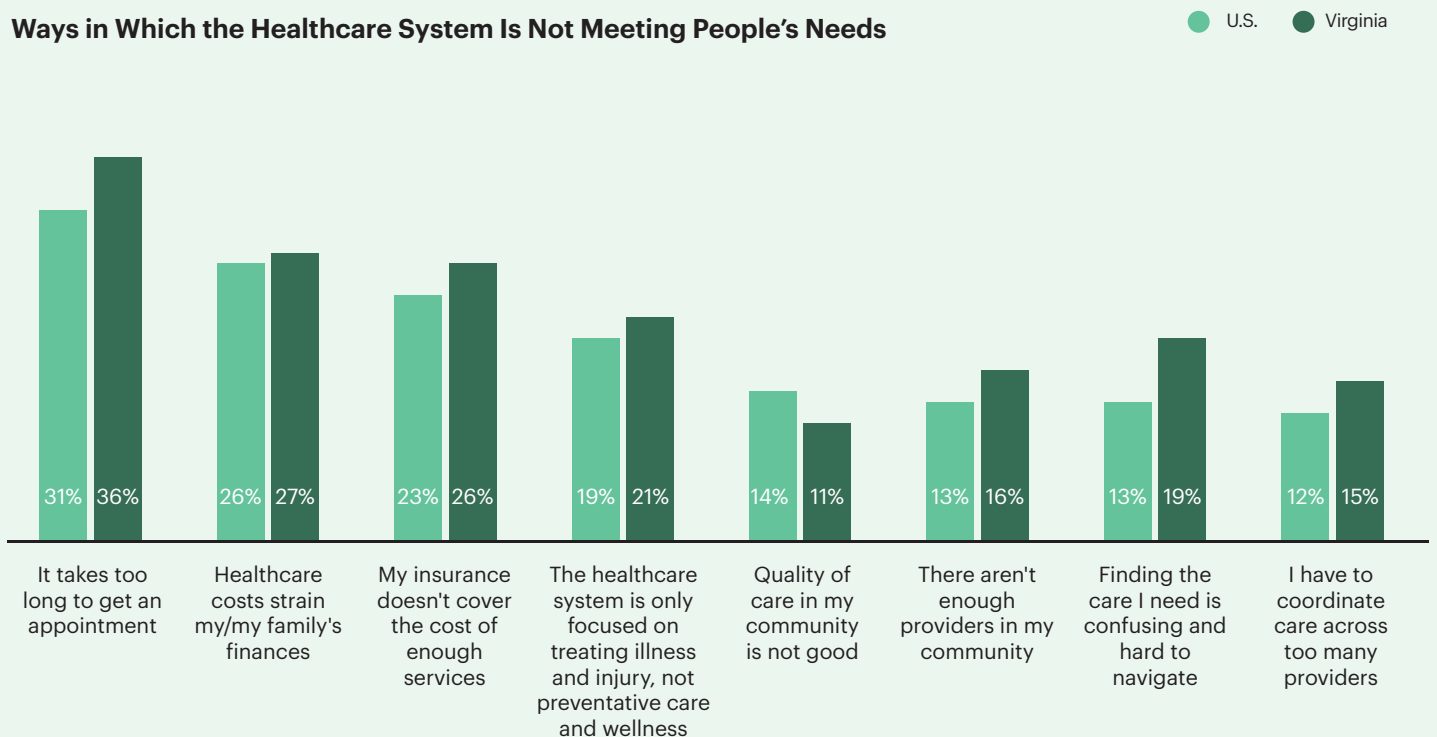
The healthcare system falls short in addressing people’s needs in Virginia and nationally. Virginians identify affordability cost as the top deterrent to access.

- Deterring care:** Affordability stands as a primary hurdle for over two-thirds of adults in Virginia (67%). Nationally, more than six in ten adults (61%) also say that affordability, in general, is among the top barriers to accessing healthcare (followed more distantly by other factors that impact affordability: the system’s outsized focus on profit, access to insurance coverage, and difficulty understanding what is covered through insurance).
- Financial strain:** Slightly more than a quarter (27%) in Virginia and nationally (26%) say healthcare costs strain their and/or their family’s finances.

Biggest Barriers to Accessing Healthcare



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

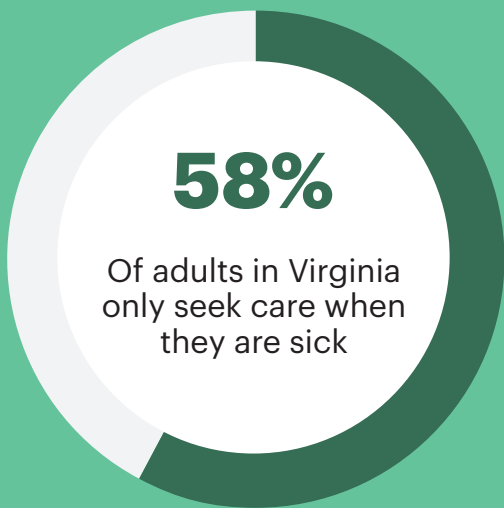


Coordinating care burdens patients and informal caregivers assisting family and friends navigating the healthcare system.

- **Coordinating care:** About two-thirds of adults in Virginia (68%) and nationally (65%) say that coordinating and managing healthcare is overwhelming and time-consuming.
- **Long wait times:** On average, it takes almost a month to secure a needed healthcare appointment, whether nationally or in Virginia. If the wait exceeds one week, the average wait time stretches to 3.9 weeks nationally and 4.1 weeks in Virginia. Virginian adults spend an average of 1.9 hours a week coordinating their own or their family's care, and 4.1 hours if assisting someone else in navigating healthcare. 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.

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

- **Skipping care:** More than two-fifths (44%, both in Virginia and nationally) say they have either delayed or entirely skipped healthcare services within the past two years.
- **Cost of care:** Financial cost is the top reason adults delayed or skipped care in Virginia and nationally (39% vs. 40% respectively).
- **Impact of skipping care:** Of those who have delayed or skipped care in the past two years, about six in ten Virginians (58%) and adults nationally (60%) experienced some kind of impact as a result, including worsening condition (29% vs. 25%, respectively), negative impact on mental health (28% vs. 25%), and/or losing faith in the healthcare system (19% vs. 21%).



44% OF ADULTS IN VIRGINIA

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.

- **Demands on healthcare providers:** Seven in ten (70%) Virginians agree that healthcare providers seem more rushed than they have been in the past and a similar proportion of adults nationally report the same (66%).
- Slightly more than half of adults in Virginia (51%) worry their healthcare providers appear to be burned out/overburdened and nearly eight in ten (78%) in Virginia worry that the demands on providers are too great, which is higher than what is seen on a national level (71%).
- **Patient sentiment:** Nearly two in five Virginians (39%) say that they have felt rushed during a healthcare appointment, which is a significantly greater proportion than what is seen nationally (30%). About half of adults in Virginia (49%) say they don't always feel listened to by providers.

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, most adults (86%) have a primary care provider. Virginia adults are similarly likely to have a primary care provider (89%). Nationally, those who have a primary care provider are two times more likely to give healthcare they received in the past 12 months an A or B grade than those who do not.

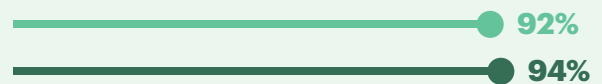
- **Navigating the system:** On a national level, more than six in ten adults who have a primary care provider (63%) say that healthcare providers help them navigate the healthcare system – compared with less than half of those who do not have a primary care provider (48%).
- **Preventing health conditions:** Nationally, more than two-fifths of care coordinators (45%) agree that better primary or preventative healthcare could have prevented a health condition, injury, or major illness for the patient.

Support for PAs

(Strongly/Somewhat Support)

● U.S. ● Virginia

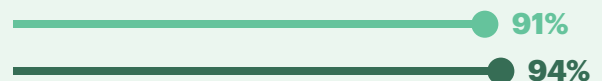
PAs should be allowed to provide care to the fullest extent of their education, training, and experience



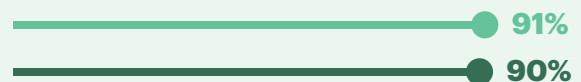
PAs should be utilized to address healthcare workforce shortages



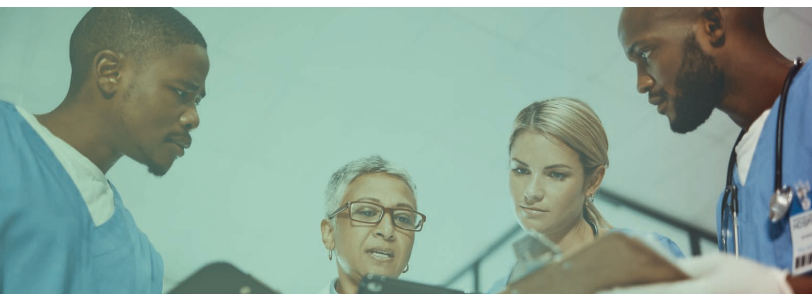
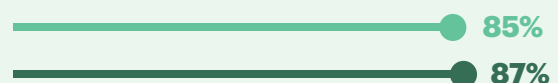
Fully utilizing all trained and educated healthcare providers, including PAs, improves patient health



PA practice laws should be updated to allow states and healthcare systems to fully utilize their healthcare workforce



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



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.

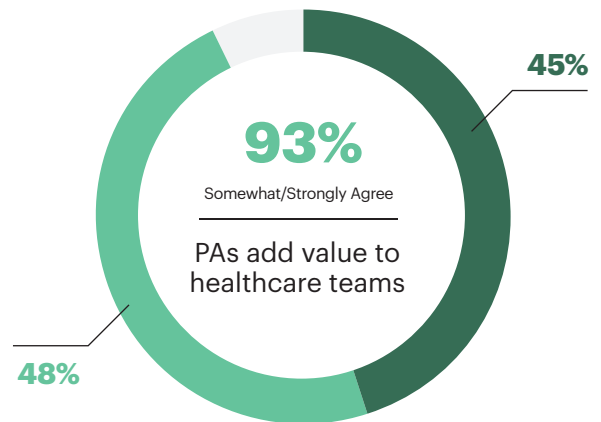
- **PA trust:** About two-thirds of adults (64%) nationally and 69% of adults in Virginia say that they would trust a PA to serve as their primary care provider.
- **High marks for PA care:** Nearly eight in ten (79% nationally and 76% in Virginia) who have seen a PA rate the medical care they received in the past 12 months as either good or excellent. Nationally, those who consider themselves to have an ongoing relationship with a PA rate the care from a PA even higher (89%).

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 94% in Virginia, 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 90% of those in Virginia).

Agreement with Statements about PAs
(Among U.S. Adults)

● Somewhat Support ● Strongly Support



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+. In addition to the national sample, oversamples were collected in six states including Virginia (n=509). The survey was conducted from February 23 – March 9, 2023. Interviews were conducted in English and Spanish.

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

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

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

