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 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
Over a third of adults in South Carolina give the U.S. system a failing grade, and a substantial proportion of South Carolina residents are concerned about healthcare shortages impacting themselves or their families.

- **Dissatisfaction with healthcare system**: Thirty-five percent of South Carolinians grade the healthcare system as poor (with 26% giving it a D and another 9% giving it an F), which is significantly higher than what we see among adults nationally (26% rate it the same: (D/F: 18% and 8% respectively)).

- **Concerns over workforce shortages**: South Carolinians worry about healthcare workforce shortages affecting their families (71%) or themselves (68%), in line with 68% nationally fearing the same for their loved ones or themselves.

- **Concern about community resources**: Nearly half of South Carolina adults (44%) feel that their community does not have the resources needed to keep people healthy, which is in line with but slightly higher than 42% of U.S. adults nationwide.

Healthcare Grades: U.S. Healthcare System

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A = Excellent</td>
<td>8%</td>
</tr>
<tr>
<td>B = Above average</td>
<td>27%</td>
</tr>
<tr>
<td>C = Average</td>
<td>31%</td>
</tr>
<tr>
<td>D = Below average</td>
<td>26%</td>
</tr>
<tr>
<td>F = Failing</td>
<td>9%</td>
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</table>
The healthcare system falls short in addressing people’s needs in South Carolina and nationally. South Carolinians identify affordability as the top deterrent to healthcare access but are also particularly likely to cite a lack of providers as a barrier to care access.

- **Affordability and lack of providers:** Affordability stands as a primary hurdle, with two-thirds of adults in South Carolina (65%) and 6 in 10 nationally (61%) saying that affordability in general is among the top barriers to accessing healthcare. Interestingly, residents in South Carolina are significantly likely to say that a lack of primary healthcare providers (18% vs. 13% nationally) is a barrier to access.

- **Financial strain:** Three in 10 adults (30%) in South Carolina say healthcare costs strain their and/or their families’ finances, which is directionally higher than adults nationally (26%). Additionally, nearly half of adults in South Carolina (48%), directionally higher than adults nationally (43%), say there are often times they cannot afford healthcare for themselves or their families.

- **Insurance coverage:** Adults in South Carolina are directionally more likely than adults nationally to cite that their insurance doesn’t cover the cost of enough services (25% vs. 23% nationally).

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

<table>
<thead>
<tr>
<th>Issue</th>
<th>U.S.</th>
<th>South Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>It takes too long to get an appointment</td>
<td>31%</td>
<td>30%</td>
</tr>
<tr>
<td>Healthcare costs strain my/my family’s finances</td>
<td>26%</td>
<td>30%</td>
</tr>
<tr>
<td>My insurance doesn’t cover the cost of enough services</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>The healthcare system is only focused on treating illness and injury, not preventative care and wellness</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Quality of care in my community is not good</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>There aren’t enough providers in my community</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td>Finding the care I need is confusing and hard to navigate</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>I have to coordinate care across too many providers</td>
<td>12%</td>
<td>13%</td>
</tr>
</tbody>
</table>
Coordinating care burdens patients and informal caregivers assisting family and friends navigating the healthcare system.

- **Coordinating care:** Two-thirds of adults in South Carolina (68%) and nationally (65%) say that coordinating and managing healthcare is overwhelming and time-consuming. Adults in South Carolina report spending an average of 1.9 hours coordinating care for themselves or their families and an average of 2.9 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 national or in South Carolina, it takes around a month or more 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 4.6 weeks, which is significantly higher than the national average (3.9 weeks nationally).

Cost concerns and difficulties with finding a provider continue to influence behavior of South Carolinians, which has mental health and health outcome impacts for residents.

- **Skipping care:** Nearly half of South Carolinians (46%) say they have delayed or skipped care, in line with what is seen nationally (44%). However, South Carolinians are directionally less likely than adults nationally to only seek care when they are sick (57% vs. 61%, respectively).

- **Cost of care and finding a provider:** Financial cost is the top reason adults delayed or skipped care in South Carolina and nationally (44% and 40%, respectively), followed by not being able to take time away due to other responsibilities (32% and 30% nationally). Interestingly, South Carolinians are more likely than adults nationally to say that they skipped or delayed care because finding a provider was too complicated (23% vs. 15% nationally).

- **Impact of skipping care:** Moreover, almost two-thirds of adults in South Carolina (64%) who delayed or skipped care within the past two years experienced some kind of impact as a result, including a negative impact on mental health (27%), a worsening condition (27%), and / or lost faith in the healthcare system (25%). Results were in line with adults nationally, with 60% reporting some kind of impact.

57% Of adults in South Carolina only seek care when they are sick

46% OF ADULTS IN SOUTH CAROLINA 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 of South Carolinians observe that their healthcare provider(s) appear burned out or overburdened, which may lead to patients feeling rushed during appointments.

- **Rushed care due to demands of healthcare providers:** Nearly three quarters of adults in South Carolina (71%), directionally higher than what we see nationally (66%), agree that healthcare providers appear more rushed than they have been in the past.

- **Provider burnout:** Around half of adults in South Carolina (46%) and nationally (47%) worry their healthcare providers appear to be burned out/overburdened and 7 in 10 (72%) in South Carolina and nationally (71%) worry that the demands on providers are too great.

- **Patient sentiment – rushed and unheard:** A third of adults in South Carolina (33%) and nationally (30%) acknowledge that they personally have felt rushed during a healthcare appointment, and half say that they don’t always feel listened to by healthcare providers (49% in South Carolina and nationally, respectively).

### 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 Carolina adults are similarly likely to have a primary care provider (88%). 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 10 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, and South Carolinian adults express trust in PAs as a primary care provider.

- **High trust in PAs:** Nearly two-thirds of adults (64%) nationally and in South Carolina (66%) say that they would trust a PA to serve as their primary care provider.

- **High marks for PA care:** Around eight in 10 adults (79% nationally and in South Carolina, respectively) who have seen a PA rate the medical care they received from a PA in the past 12 months as either good or excellent. 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 88% in South Carolina, 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; 89% in South 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.

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

- PAs add value to healthcare teams: 45%
- PAs improve health outcomes for patients: 54%
- Somewhat/Strongly Agree

**Somewhat/Strongly Agree**
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 South Carolina (n=502). The survey was conducted from November 28 – December 26, 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, are 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.