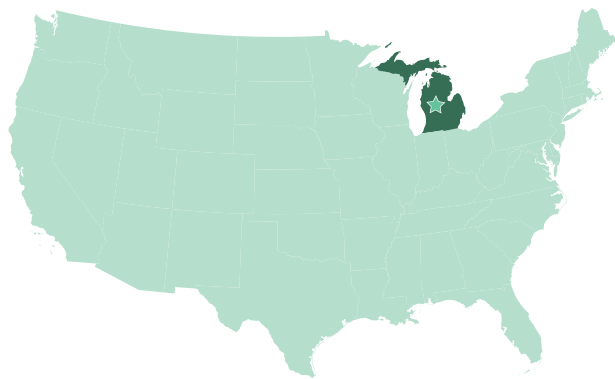


The Patient Experience

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 Michigan.

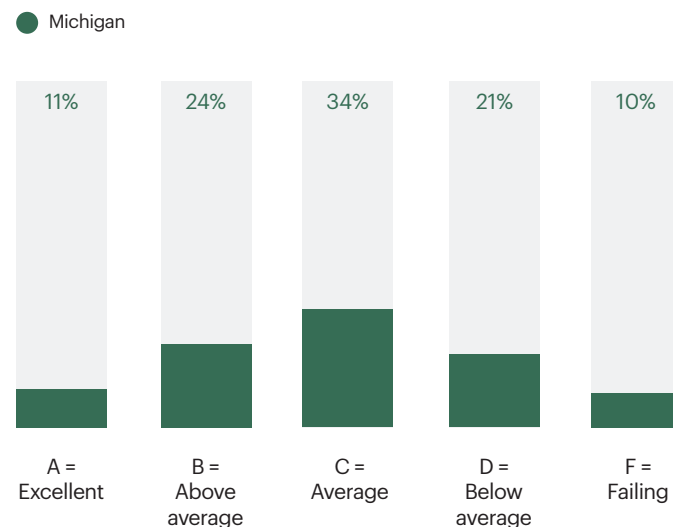
The research revealed that the U.S. healthcare system is stretched thin – a reality that was both illuminated during and exacerbated by the COVID-19 pandemic. In addition to healthcare provider burnout and staffing shortages, many feel that not everyone has equal access to care, and simply navigating 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

Three in ten adults in Michigan give the U.S. system a failing grade, and a substantial proportion of Michigan residents are concerned about healthcare workforce shortages affecting themselves or their families.

- Dissatisfaction with healthcare system:** Thirty-one percent of Michigianians grade the healthcare system as poor (with 21% giving it a D and another 10% giving it an F). Nationally, 26% rate it the same: (D/F: 18% and 8% respectively).
- Impact of workforce shortages:** 74% of Michigianians worry about healthcare workforce shortages affecting them as a patient and 69% say the same for their families; 68% nationally fear the same for their loved ones or themselves.

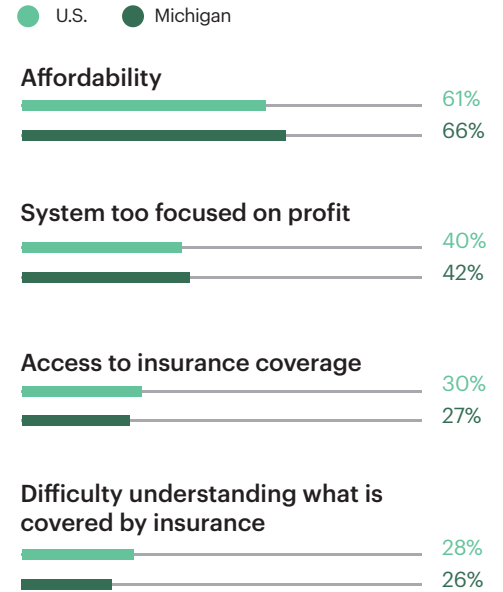
Healthcare Grades: U.S. Healthcare System



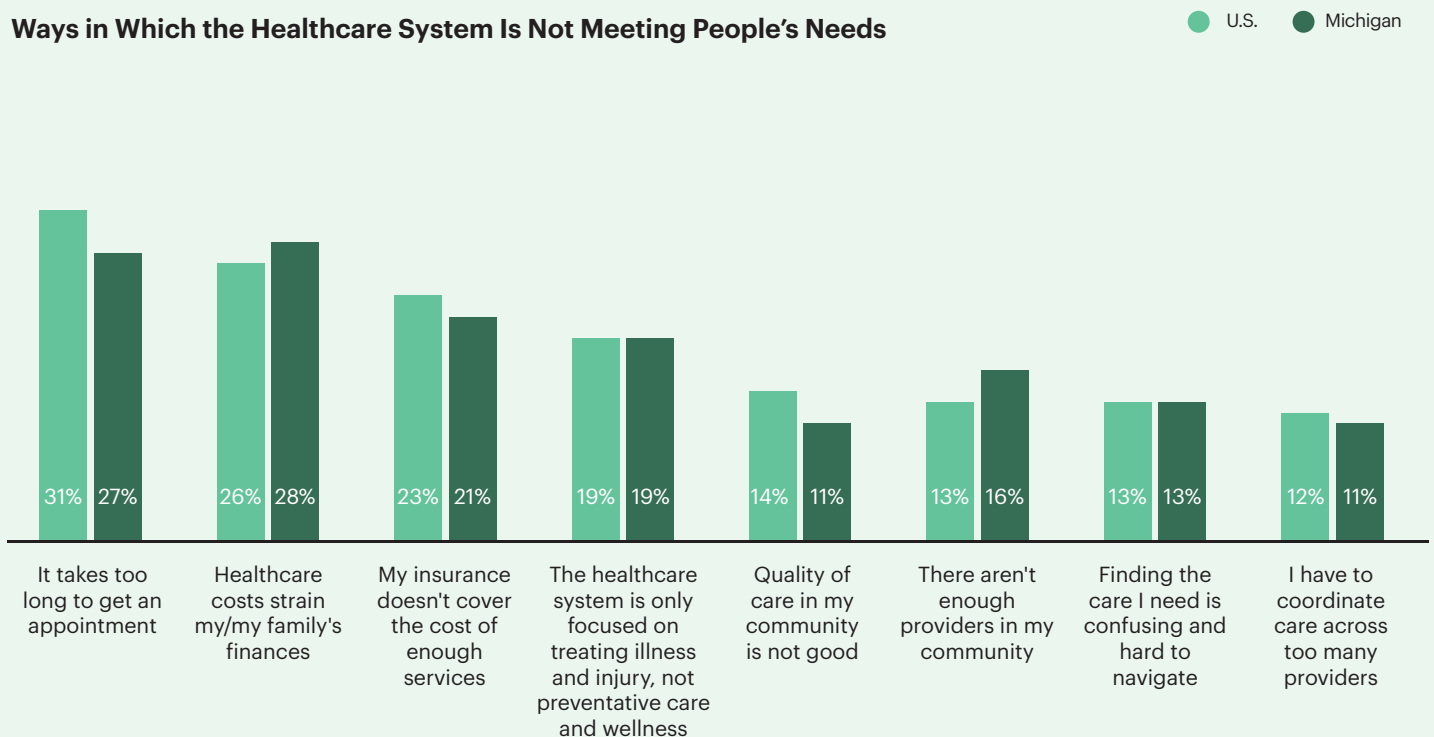
The healthcare system falls short in addressing people’s needs in Michigan and nationally. Michigan residents identify affordability as a top deterrent to access.

- Deterring care:** Affordability stands as a primary hurdle, with two thirds of adults in Michigan (66%) and 6 in 10 nationally (61%) saying that affordability in general is among the top barriers to accessing healthcare. 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:** Nearly three in ten adults (28%) in Michigan say healthcare costs strain their and/or their families finances. Additionally, more than two-fifths of adults in Michigan (41%), in line with adults nationally (43%), say there are often times they cannot afford healthcare for themselves or their families.

Biggest Barriers to Accessing Healthcare



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

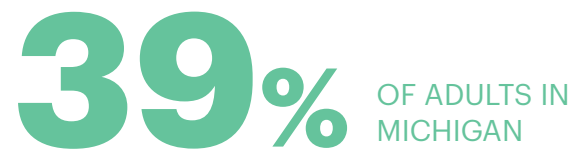


Coordinating care burdens patients and informal caregivers assisting family and friends navigating the healthcare system.

- **Coordinating care:** Two-thirds of adults in Michigan and nationally (65% each, respectively) say that coordinating and managing healthcare is overwhelming and time-consuming. Adults in Michigan report spending an average of 1.8 hours coordinating care for themselves or their families, and an average of 2.7 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 Michigan, it takes three to four weeks 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 3.4 weeks (Michigan).

Though relatively less likely to skip or delay care than adults nationally, cost worries, access barriers, care coordination challenges, and resulting frustration continue to influence behavior of Michigianians, which has health outcome impacts for residents.

- **Skipping care:** Two-fifths of Michigianians (39%) say they have delayed or skipped care, compared to 44% nationally. However, Michigan residents are directionally less likely than adults nationally to only seek care when they are sick (52% vs. 61%, respectively), and are directionally more likely to say that they have not delayed or skipped care in the last two years (61% vs. 56% nationally).
- **Cost of care and taking time off:** Financial cost is the top reason adults delayed or skipped care in Michigan and nationally (43% in Michigan; 40% nationally), followed by not being able to take time away due to other responsibilities (36% in Michigan; 30% nationally). Michigianians are also more likely than adults nationally to say that their preferred provider left or changed practices (17% vs. 10% nationally).
- **Health toll of skipping care:** Moreover, six in ten adults in Michigan (60%) who delayed or skipped care within the past two years experienced some kind of impact as a result, including a decline in their overall health (28%), a worsening condition (27%), and/or a negative impact on their mental health (26%). Results were in line with adults nationally, with 60% reporting some kind of impact.



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

While many adults provide positive assessments of their personal interactions with providers, over two-fifths of Michiganians observe that their healthcare provider(s) appear burned out or overburdened, which may lead to patients feeling rushed during appointments.

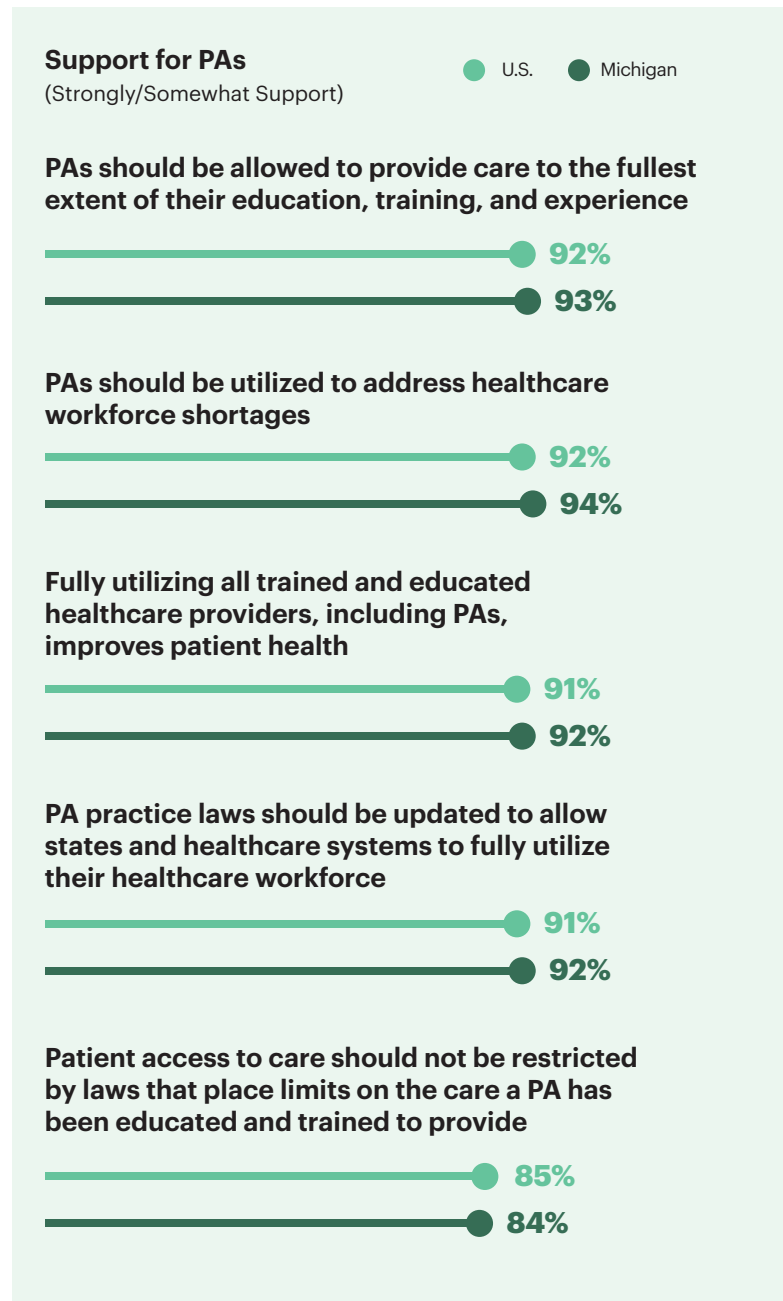
- **Demands on healthcare providers:** Two-thirds of adults in Michigan (67%) and nationally (66%) agree that healthcare providers seem more rushed than they have been in the past.
- **Provider burnout:** Over two-fifths of adults in Michigan (44%) and nationally (47%) worry their healthcare providers appear to be burned out/overburdened and 7 in 10 (73%) in Michigan and nationally (71%) worry that the demands on providers are too great.
- **Patient sentiment – rushed and unheard:** Three in 10 adults in Michigan (29%) 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 (46% in Michigan; 49% nationally).

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. Michigan adults are similarly likely to have a primary care provider (89%). 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. Michiganians report particularly positive experiences with how PAs communicate and personalize their care.

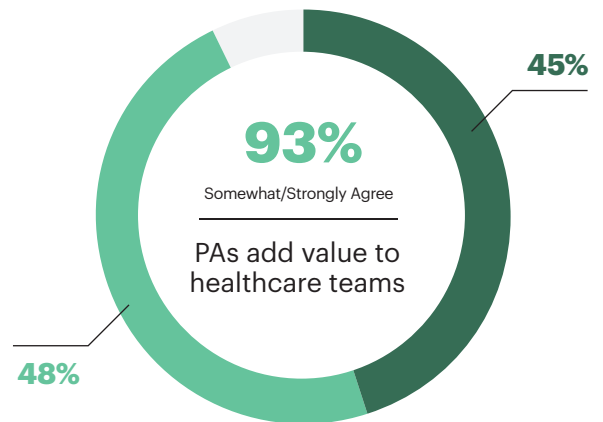
- PA trust:** Nearly two-thirds of adults (64%) nationally and similar proportions in Michigan (61%) say that they would trust a PA to serve as their primary care provider.
- High marks for PA care:** Around eight in 10 adults (79% nationally and 84% in Michigan) who have seen a PA rate the medical care 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).
- PA communication and personalization:** Adults in Michigan who have seen a PA are more likely than adults nationally to say that PAs explain things about their health or treatment in ways they understand (94% vs. 89% nationally) and that the healthcare they receive from PAs focuses on them, their needs and their values (94% vs. 88% nationally).

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 Michigan, 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; 92% in Michigan).

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 eighteen states including Michigan (n=507). 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, 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.

