PHYSICIANS FOUNDATION REPORT: PATIENT SURVEY
MAY 2016
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Objectives

In the summer of 2015, the Physicians Foundation conducted focus groups in New York, Chicago, and Los Angeles to explore the physician-patient relationship. The Foundation desired to gain further insights into this relationship and how it is being affected by the transition of solo and small group practitioners to larger healthcare/hospital systems. As part of this effort, the Foundation commissioned Nielsen (via The Harris Poll) to investigate:

- Coverage, use, and opinions on health insurance
- Experience and satisfaction levels with recent visits with HCPs
- Attitudes and perceptions of medicine
- Experience with and attitudes toward EMR/EHR
- Attitudes toward the Affordable Care and Patient Protection Act
Approach

- Sample: 1,511 adults in the U.S. ages of 27 and 75, who had seen the same doctor at least two times in the past 12 months: recruited and screened from the Harris Poll online panel.
- Target respondents received an email invitation describing the study in general terms. Prospective respondents who were interested were directed to a website to complete the survey online.
- The survey was administered via Nielsen secure servers and was accessible to all interested respondents until the survey quota (n=1,500) was filled. At that time, the site was disabled with a notice informing interested respondents that the study had been completed.
- Data collection was between February 1, 2016 and February 11, 2016; the survey took 15 minutes (on average) to complete.
- Data are weighted to reflect a nationally representative sample of U.S. adults between 27 and 75 years of age.
SUMMARY OF FINDINGS
The Doctor-Patient Relationship

Among U.S. adults, the doctor-patient relationship is in very good shape. An overwhelming majority are very satisfied/satisfied with their most recent visit with their primary care physician (PCP).

- The majority of healthcare consumers are highly satisfied with aspects of their most recent visit for routine care.
- 90% were very satisfied/satisfied with:
  - Their PCP’s ability to explain things in a way they could understand (95%).
  - The “respectfulness” of their PCP (96%).
  - How well their doctor listened to them during the most recent routine exam (93%).
  - How well knew their medical history (92%).
- Most (63%) disagree that the ACA has helped the doctor-patient relationship.
  - Three-quarters (74%) say their relationship with their doctor has stayed about the same since the ACA was passed.
Who’s Impacting Treatment Options?

When it comes to available treatment options, U.S. healthcare consumers believe there is a hierarchy in the impact various players have. Health insurance companies are seen as having the most impact; physicians are a close second.

- Health insurance companies: 83%
- Physicians: 79%
- Pharmaceutical companies: 68%
- Federal legislature: 60%
- State legislatures: 54%

% impact treatment options a lot/some
Routine Health Exams

The majority of U.S. adults visit PCPs for routine exams. While there is variation across some demographic groups, among the groups we examined, PCPs were the most often visited healthcare provider for routine exams.

For their most recent routine exam:

- About 78% U.S. adults visited a physician (PCP/specialist).

- By age: 73% were 65+, 59% were 18-34 and 64% were 35-44.

- By employment status: 67% employed full-time versus 57% unemployed.

- By income: 70% with HH incomes of $75 - $149.9K; significantly more than those with HH incomes of $150K+ (56%)
  - 22% with HH incomes of $150K+ visited a specialist. That is significantly more than the 11% with HH incomes of $25K-$74.9K and 11% with HH incomes of $75K-$149.9K.
Healthcare Quality and Access

Half of U.S. adults are able to schedule sick visits within one day. Large majorities report that their appointment wait time and quality of care has stayed about the same since the ACA passed.

- 71% say wait time for their most recent routine exam was about what they expect.
- 51% are able to schedule an appointment for sick care within one day.
- 78% say appointment times are about the same now as before the ACA passed.
- 75% say that the quality of care they receive from their doctor is about the same as it was before the ACA passed.
Healthcare services are welcomed...

Overall, U.S. adults are quite willing to use services that make receiving healthcare services easier.

- 75% are willing to use **same-day appointments**. Some are significantly very likely/likely to use these appointments such that:
  - 84% of adults 18-34 and 85% of adults 35-44 versus 65% of adults 65+.
  - 80% with children in HH versus 72% without children in HH.
  - 81% with employer-sponsored health insurance versus 66% with Medicare or Medicaid (66%).
  - 80% with full-time and 78% with part-time employment versus 65% of the unemployed.

- 68% are willing to use **extended doctor office hours**.
  - 82% of adults 18-34 and 79% of adults 35-44 versus 45% of adults 65+.
  - 75% with children in HH versus 62% of those without children in HH.
  - 77% with employer-sponsored health insurance versus 49% with Medicare or Medicaid (49%).
  - 78% with full-time and 64% with part-time employment versus 63% of the unemployed.
...keep them coming

• 64% are willing to use **online scheduling**.
  • 73% of those 18-34 and 72% of adults 35-44 versus 52% of adults 65+.
  • 68% with children in HH versus 60% of those without children in HH.
  • 72% with employer-sponsored health insurance versus 54% with Medicare or Medicaid (54%)
  • 69% with full-time and 78% with part-time employment versus 47% of the unemployed.

• 71% are willing to use **e-mail** with their physician.
  • 84% of adults 18-34, 79% of those 35-44, and 72% of adults 45-54 versus 45% of those 65+.
  • 75% of those with children in HH versus to 62% of those without children in HH.
  • 77% with employer-sponsored health insurance versus 49% with Medicare or Medicaid (49%).
  • 78% with full-time and 64% with part-time employment versus 63% of the unemployed.
Cost Drivers of Healthcare

It’s common knowledge that healthcare costs continue to rise. Among U.S. adults, the most often cited reason, (significantly greater than all other factors) is the cost of prescription drugs. Costs of physician fees comes in seventh with one out of five consumers citing it as a reason for rising healthcare costs.
The Healthcare Cost Burden

Costs affect consumers in several ways. Many are concerned with the future costs of seeking healthcare. Many U.S. adults use noncompliance techniques to reduce their overall healthcare costs. And, large segments of the population already have debt due to medical costs.

- 67% of adults are concerned with being able to pay for medical treatment if they get sick or are injured.
- 48% are not confident they could afford care if they become seriously ill.
- 40% have “medical” debt.
- 43% had an unexpected healthcare expense in the past 12 months; and, for 63% of these, it caused serious financial hardship.
- 25% of U.S. adults have skipped a medical test, treatment or follow-up or avoided a visit with a doctor for a medical problem (28%) in the past 12 months because of the cost. Because of cost:
  - 18% have skipped doses of medicine.
  - 27% have avoided filling a prescription.
The Challenge of Affordability

Consumers have varying opinions on the affordability of different aspects of health insurance. Most think PCP copays are affordable, but specialist copays are not. About similar numbers think insurance premiums and deductibles are not affordable.

- 21% say their PCP copay is unaffordable. While...

- 57% say their specialist copay is unaffordable.
  - Adults with employer-sponsored insurance are significantly more likely than those with government insurance i.e., Medicare/Medicare to say this.

- 39% say their health insurance deductible is unaffordable.
  - Those with employer-sponsored/on their own insurance are both significantly more likely than those with Medicare/Medicare to say this.

- 34% of U.S. adults say their health insurance premium is unaffordable.
  - Those with employer-sponsored/on their own insurance are both significantly more likely than those with Medicare/Medicare to say this.
Technology and Healthcare

The American Recovery and Reinvestment Act of 2009 included a requirement that HCPs begin “meaningful use” of EMR by January 1, 2014. Part of the rationale for this requirement is the expectation it would lead to improved care. U.S. adults appear to have similar expectations of EMR.

- 66% of U.S. adults have access to their EMR through their doctor.
  - 71% say EMR access is very important/important and that all doctors should provide EMR access (85%).

- And, not only do patients say they should have access, 65% say all of their doctors should have access to their EMR.

- 67% say EMR use will improve healthcare quality in general, and result in improved quality of healthcare for themselves (65%).

- The four top reasons U.S. adults access their EMR are to: monitor their health (72%), request a prescription refill (38%), request an appointment (33%), and ask a physician a question (32%).
The ACA...where do we go now?

The ACA continues to be a “hot button” issue. Most U.S. adults state it hurts the healthcare system, that the healthcare system was better before the law passed, and that it should be repealed or reformed. These attitudes are largely influenced by political ideology or affiliation.

- 54% of U.S. adults strongly agree/agree the ACA should be repealed in its entirety.
  - This is true more for Republicans (77%) than Democrats (27%).

- Similarly, 54% strongly agree/agree the healthcare system was better before the ACA passed.
  - Again, this is true more for Republicans (77%) versus Democrats 34%.

- And, 52% think the ACA hurts the healthcare system overall.
  - 83% of Republicans hold viewpoint versus 23% of Democrats.

- Regardless of political affiliation, there is agreement that the ACA should be reformed (75% strongly agree/agree).
Physicians as Translator

Many U.S. adults find it more difficult to understand their health insurance now than before the ACA passed. To reduce their lack of understanding, many expect and rely on their physician to help.

- 55% of U.S. adults strongly agree/agree that the ACA has made health insurance more difficult to understand.
- 78% strongly agree/agree that doctors should know more about how the ACA impacts quality of care.
- 43% say they rely on their doctor to understand how the ACA impacts quality of care.
- 48% rely on their doctor to understand what their insurance covers.
DETAILED FINDINGS
DOCTOR-PATIENT RELATIONSHIP
Most say the quality of care they receive has stayed about the same since the ACA was passed.

Has the quality of care that you receive from the doctor you see most often...

- Improved: 7%
- Stayed about the same: 75%
- Worsened: 8%

Adults 18-34 are significantly* more likely to report improvement in the quality of care they receive than adults 35-44, 55-64, and 65+.

<table>
<thead>
<tr>
<th>Age</th>
<th>% improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>13%</td>
</tr>
<tr>
<td>35-44</td>
<td>5%</td>
</tr>
<tr>
<td>45-54</td>
<td>10%</td>
</tr>
<tr>
<td>55-64</td>
<td>4%</td>
</tr>
<tr>
<td>65+</td>
<td>5%</td>
</tr>
</tbody>
</table>

* p < .05

Base: All Qualified Respondents (n = 1,511)
Q550. Since the passage of the Affordable Care Act, that is since March 2010...
Majority disagree that the ACA has helped the doctor-patient relationship

% agree/disagree ACA has helped the doctor-patient relationship

- Agree: 63%
- Disagree: 37%

% indicating relationship with their doctor has improved/worsened

- Improved: 6%
- Stayed about the same: 74%
- Worsened: 8%

Has your relationship with your doctor that you see most regularly...

Base: All Qualified Respondents (n = 1,511)

Q550. Since the passage of the Affordable Care Act, that is since March 2010, has your relationship with your doctor that you see most regularly...

Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act(ACA) - The passage of the ACA has helped the doctor patient relationship

*p < .05

Adults 18-34 and 45-54 are significantly* more likely to report improvement in the relationship with the doctor they see most often than adults 55-64 or 65+.
THE HEALTHCARE LANDSCAPE & IMPACT ON PATIENTS
U.S. adults are split in their confidence they would be able to afford care if they became seriously ill

% confident/not confident they would be able to afford care needed

- Very confident/confident: 48%
- Not at all/not very confident: 52%

Base: All Qualified Respondents (n = 1,511)
Q425. How confident are you that if you become seriously ill, you will...? Be able to afford the care you need
Groups differ in confidence they could afford care needed if they became seriously ill

- **Household Income**
  - Less than $25,000: 41% confident, 59% not confident
  - $25,000-$74,999: 46% confident, 54% not confident
  - $75,000-$149,999: 61% confident, 39% not confident
  - $150,000 or more: 65% confident, 35% not confident

- **Insurance Status**
  - Has insurance: 53% confident, 47% not confident
  - Does not have insurance: 36% confident, 64% not confident

- **Sex**
  - Male: 58% confident, 42% not confident
  - Female: 46% confident, 54% not confident

- **Educational Attainment**
  - High school or less: 41% confident, 59% not confident
  - Some college: 51% confident, 49% not confident
  - College degree or more: 68% confident, 32% not confident
Many are concerned about their ability to pay for medical treatment

% concerned with ability to pay for any medical treatment

- 38% Very/somewhat concerned
- 62% Not at all concerned/somewhat concerned

Base: All Qualified Respondents (n = 1,511)
Q420. To what extent are you concerned or not concerned with your ability to pay for any medical treatment if you were to get sick or injured?
Groups differ in level of concern with ability to pay for medical treatment

U.S. adults with a high school education or less are significantly* more likely to be concerned than those with a college education.

% by educational attainment

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Very concerned</th>
<th>Somewhat concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school or less</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Some college</td>
<td>62%</td>
<td>31%</td>
</tr>
<tr>
<td>College degree or more</td>
<td>54%</td>
<td>38%</td>
</tr>
</tbody>
</table>

U.S. adults with a household income under $75,000 are significantly* more likely to be concerned than all others.

% by household income

<table>
<thead>
<tr>
<th>Household Income</th>
<th>Very concerned</th>
<th>Somewhat concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>70%</td>
<td>28%</td>
</tr>
<tr>
<td>$25,000-$74,999</td>
<td>69%</td>
<td>38%</td>
</tr>
<tr>
<td>$75,000-$149,999</td>
<td>53%</td>
<td>34%</td>
</tr>
<tr>
<td>$150,000 or more</td>
<td>45%</td>
<td>22%</td>
</tr>
</tbody>
</table>

U.S. adults who are unemployed are significantly* more likely to be very concerned than those employed part- or full-time.

% by employment status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Very concerned</th>
<th>Somewhat concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed full-time</td>
<td>61%</td>
<td>37%</td>
</tr>
<tr>
<td>Employed part-time</td>
<td>70%</td>
<td>40%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>70%</td>
<td>26%</td>
</tr>
</tbody>
</table>

U.S. adults without health insurance are significantly* more likely to be concerned than those with health insurance.

% by health insurance status

<table>
<thead>
<tr>
<th>Health Insurance Status</th>
<th>Very concerned</th>
<th>Somewhat concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has insurance</td>
<td>60%</td>
<td>34%</td>
</tr>
<tr>
<td>Does not have insurance</td>
<td>85%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Base: All Qualified Respondents (n = 1,511)
Q420. To what extent are you concerned or not concerned with your ability to pay for any medical treatment if you were to get sick or injured?
*p < .05, **sums may be different due to rounding error
Cost of prescription drugs is the most commonly cited factor for rising health care costs

Factors contributing to rising healthcare costs

- Cost of pharmaceuticals: 59%
- Fraud: 33%
- Social conditions: 28%
- State and federal insurance mandates: 26%
- Aging population: 25%
- Lack of pricing transparency: 24%
- Physician fees: 20%
- Defensive medicine: 19%
- Price controls on fees and products: 16%
- Absence of free markets (government run healthcare only): 15%
- Advances in technology/treatment: 9%
- End of life care: 8%
- Fee-for-service reimbursement: 7%
- Limited patient financial obligations: 6%

Adults 55-64 and 65+) are significantly* more likely to report that drug prices are factor than adults 18-34.

% reporting drug prices as factor contributing to healthcare costs

- Ages 18-34: 49%
- Ages 35-44: 57%
- Ages 45-54: 61%
- Ages 55-64: 61%
- Ages 65+: 63%

Base: All Qualified Respondents (n = 1,511)
Q696. In your opinion, what are the top three factors that contribute to rising healthcare costs?
*p < .05
Some report skipping treatments or doctor visits due to cost

- Skipped a medical test, treatment, or follow-up that was recommended by a doctor:
  - Yes: 25%
  - No: 69%

- Had a medical problem but did not visit a doctor:
  - Yes: 28%
  - No: 68%
Similarly, some report skipping at least some doses or prescriptions altogether due to cost

- Did not fill a prescription: 27% Yes, 68% No
- Skipped doses of your medicine: 18% Yes, 75% No
Those with children or with no health insurance are more likely to skip care and prescriptions due to cost

% U.S. adults with/without children in household who skipped needed medical care due to cost

<table>
<thead>
<tr>
<th></th>
<th>Child(ren) in HH</th>
<th>No child(ren) in HH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had medical problem but did not visit doctor</td>
<td>32%</td>
<td>25%</td>
</tr>
<tr>
<td>Skipped medical test, treatment, or follow-up recommended by doctor</td>
<td>30%</td>
<td>22%</td>
</tr>
<tr>
<td>Did not fill Rx</td>
<td>32%</td>
<td>23%</td>
</tr>
<tr>
<td>Skipped doses of medicine</td>
<td>23%</td>
<td>15%</td>
</tr>
</tbody>
</table>

% U.S. adults with/without health insurance who skipped needed medical care due to cost

<table>
<thead>
<tr>
<th></th>
<th>Has Health Insurance</th>
<th>Does Not Have Health Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had medical problem but did not visit doctor</td>
<td>26%</td>
<td>42%</td>
</tr>
<tr>
<td>Skipped medical test, treatment, or follow-up recommended by doctor</td>
<td>24%</td>
<td>44%</td>
</tr>
<tr>
<td>Did not fill Rx</td>
<td>26%</td>
<td>16%</td>
</tr>
<tr>
<td>Skipped doses of medicine</td>
<td>15%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Base: All Qualified Respondents (n = 1,511)
Q465. During the past 12 months, was there a time when you...?
*p < .05, not applicable and those who indicated they did not skip care or prescriptions omitted from graph
2 out of 5 had unexpected healthcare expense in past year
And, for many it created financial hardship

% with/without unexpected health care expense in past 12 months

- Had unexpected healthcare expense: 43%
- Did not have unexpected healthcare expense: 57%

Degree of financial hardship created by unexpected expense

- Serious financial hardship: 14%
- Some financial hardship: 19%
- Little financial hardship: 24%
- No financial hardship: 44%

Base: All Qualified Respondents (n = 1,511)
Q481. Did you have any unexpected health care expenses in the past 12 months?
Base: Had Unexpected Healthcare Expenses (n = 653)
Q490. What effect did this unexpected expense have on your personal finances? Did it create...?
1 out of 3 think their health insurance premium is unaffordable

% who think their health insurance premium is affordable/unaffordable

- Affordable
  - Very: 66%
  - Somewhat: 22%

- Unaffordable
  - Very: 12%
  - Somewhat: 22%

Base: Purchased Health Insurance (n = 1,169)

Q441. Thinking about the amount you currently pay out-of-pocket for the health insurance that covers you personally, how affordable do you think your current insurance premium is...?

*p< .05

**Percentages may not sum to 100% due to rounding.
1 out of 5 think their PCP copay is unaffordable

% who think PCP copay is affordable/unaffordable

<table>
<thead>
<tr>
<th>Affordable</th>
<th>Unaffordable</th>
</tr>
</thead>
<tbody>
<tr>
<td>26%</td>
<td>7%</td>
</tr>
<tr>
<td>40%</td>
<td>14%</td>
</tr>
<tr>
<td>65%</td>
<td>21%</td>
</tr>
</tbody>
</table>

U.S. adults ages 35-44, 45-54, 55-64 are significantly more likely to say PCP copays are unaffordable than those 18-34 and 65+.

U.S. females are significantly more likely to say PCP copays are unaffordable than males.

**Base: Does Not Have Tricare/Indian Health Service Health Insurance (n = 1,374)**

Q445. Thinking about the amount you currently pay out-of-pocket for the visits to your primary care provider, such as your family physicians, internists, and gynecologists, how affordable do you think your current primary care copay is?  
*p < .05  
**Percentages may not sum to 100% due to rounding.
Half think their specialist copay is unaffordable

- **U.S. males** are significantly more likely to say specialist copays are *affordable* than females.

- **U.S. adults with a household income of less than $25,000** are significantly less likely to say specialist copays are *affordable* than all other income categories ($25,000 - $74,999, $75,000 - $149,999, & $150,000 or more).

- **U.S. adults who receive their health insurance through their employer** are significantly more likely than those who receive it through Medicare or Medicaid to say their specialist copay is unaffordable.

---

**Base:** Does Not Have Tricare/Indian Health Service Health Insurance (n = 1,374)

Q450. Thinking about the amount you currently pay out-of-pocket for the visits to any specialist physicians, such as oncologists (cancer doctors), cardiologists (heart doctors), orthopedists (bone doctors), etc., how affordable do you think your current specialist copay is?

*p < .05

**Percentages may not sum to 100% due to rounding.**
Nearly 2 out of 5 think their insurance deductible is unaffordable

% who think insurance deductible is affordable/unaffordable

<table>
<thead>
<tr>
<th></th>
<th>Very</th>
<th>Somewhat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable</td>
<td>59%</td>
<td>35%</td>
</tr>
<tr>
<td>Unaffordable</td>
<td>39%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Adults 18-34 and adults 65+ are significantly more likely to say their insurance deductible is affordable than those 34-44, 45-54, & 55-64.

U.S. adults who get insurance through their employer or on their own are both significantly more likely to say their insurance deductible is unaffordable than those who get insurance through Medicare and Medicaid.

Base: Does Not Have Tricare/Indian Health Service Health Insurance (n = 1,374)
Q455. Thinking about the amount you currently pay out-of-pocket on a yearly basis for all healthcare before insurance begins to pay, how affordable do you think your current deductible is? p < .05
1 out of 3 have debt due to medical costs

% with/without debt because of medical costs

- 33% Has debt
- 67% Does not have debt

Adults 65+ are significantly* less likely than other age groups to debt because of medical costs

- 65+: 14%
- 55-64: 30%
- 45-54: 38%
- 35-44: 43%
- 18-34: 41%

The uninsured are significantly* more likely than insured to debt because of medical costs

- Insured: 32%
- Uninsured: 52%

Base: All Qualified Respondents (n = 1,511)
Q415. Do you have any debt because of medical costs?
*p < .05
Most are concerned about how much healthcare costs will affect them in the future

- Strongly agree: 57%
- Agree: 34%
- Disagree: 6%
- Strongly disagree: 3%

Base: All Qualified Respondents (n = 1,511)
Q665. Now thinking about the future of healthcare in America, please tell us the extent to which you agree or disagree with the following statements.
- I am concerned about how much healthcare costs will affect me in the future.
Most think technological advances will result in improved patient care
And, almost half think it will result in lower costs

% agree/disagree technological advances will be beneficial

- **Will reduce the cost of healthcare**
  - Strongly agree: 13%
  - Agree: 36%
  - Disagree: 32%
  - Strongly disagree: 18%

- **Will result in improved care for patients**
  - Strongly agree: 46%
  - Agree: 59%
  - Disagree: 15%
  - Strongly disagree: 4%

Base: All Qualified Respondents (n = 1,511)

Q665. Now thinking about the future of healthcare in America, please tell us the extent to which you agree or disagree with the following statements.
- Technological advances will reduce the cost of healthcare
- New efficiencies brought by advances in technology will result in improved care for patients
U.S. adults are more likely to think insurance companies have impact on treatment options than doctors

![Graph showing the percentage of U.S. adults who think each group impacts treatment options available to patients.]

U.S. adults are significantly* more likely to say health insurance companies impact treatment than physicians do.

Base: All Qualified Respondents (n = 1,511)

Q605. Overall, thinking about treatment options available for medical conditions please tell how much each group, as a whole, impacts treatment options available to patients.

p < .05
CURRENT AND FUTURE HEALTHCARE SERVICES
Most are likely to use same-day appointments for medical care

% likely/unlikely to use same-day appointments

- Very likely: 75%
- Likely: 43%
- Unlikely: 17%
- Very unlikely: 8%

Base: All Qualified Respondents (n = 1,511)
Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?
## Likelihood to use same-day care differs by group

### % likely to use same-day appointments by age

<table>
<thead>
<tr>
<th>Age</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>23%</td>
<td>25%</td>
<td>32%</td>
<td>40%</td>
</tr>
<tr>
<td>35-44</td>
<td>45%</td>
<td>32%</td>
<td>40%</td>
<td>45%</td>
</tr>
<tr>
<td>45-54</td>
<td>41%</td>
<td>38%</td>
<td>43%</td>
<td>40%</td>
</tr>
<tr>
<td>55-64</td>
<td>44%</td>
<td>42%</td>
<td>45%</td>
<td>43%</td>
</tr>
<tr>
<td>65+</td>
<td>7%</td>
<td>23%</td>
<td>21%</td>
<td>44%</td>
</tr>
</tbody>
</table>

### % likely to use same-day appointments by parent status

<table>
<thead>
<tr>
<th>Have children</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>4%</td>
<td>12%</td>
<td>29%</td>
<td>41%</td>
<td>38%</td>
</tr>
<tr>
<td>Do not have children in HH</td>
<td>28%</td>
<td>42%</td>
<td>45%</td>
<td>45%</td>
</tr>
</tbody>
</table>

### % likely to use same-day appointments by employment status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>13%</td>
<td>27%</td>
<td>42%</td>
<td>45%</td>
</tr>
<tr>
<td>Bought on own</td>
<td>15%</td>
<td>29%</td>
<td>36%</td>
<td>43%</td>
</tr>
<tr>
<td>Medicare</td>
<td>6%</td>
<td>27%</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>6%</td>
<td>27%</td>
<td>42%</td>
<td>43%</td>
</tr>
</tbody>
</table>

### % likely to use same-day appointments by health insurance status

<table>
<thead>
<tr>
<th>Health Insurance Status</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>14%</td>
<td>36%</td>
<td>42%</td>
<td>30%</td>
</tr>
<tr>
<td>Part-time</td>
<td>7%</td>
<td>15%</td>
<td>36%</td>
<td>48%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>15%</td>
<td>19%</td>
<td>32%</td>
<td>48%</td>
</tr>
</tbody>
</table>

### Likelihood to use same-day care differs by group

- **Adults 18-34 and 35-44** are significantly* more likely to be likely to use same-day appointments than adults 55-64 and 65+.

- **Adults with children in the household** are significantly* more likely to use same-day appointments than those who do not have children in the household.

- **U.S. adults who receive health insurance through their employer** are significantly* more likely to use same-day appointments than those who receive it through Medicare or Medicaid.

- **Adults both full-time and part-time employed** are significantly* more likely to use same-day appointments than unemployed adults.

---

**Base:** All Qualified Respondents (n = 1,511)

Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?

* p < .05, top 2 box vs. bottom 2 box

**Percentages may not sum to 100% due to rounding error**
Similarly, most are likely to use extended doctor’s office hours

% likely/unlikely to use extended office hours

- Very likely: 33%
- Likely: 35%
- Unlikely: 23%
- Very unlikely: 10%

Base: All Qualified Respondents (n = 1,511)
Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?
Likelihood to use extended office hours differs by group

% likely to use extended office hours appointments by age

<table>
<thead>
<tr>
<th>Age</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>14%</td>
<td>37%</td>
<td>44%</td>
<td>5%</td>
</tr>
<tr>
<td>35-44</td>
<td>15%</td>
<td>39%</td>
<td>40%</td>
<td>5%</td>
</tr>
<tr>
<td>45-54</td>
<td>11%</td>
<td>18%</td>
<td>40%</td>
<td>10%</td>
</tr>
<tr>
<td>55-54</td>
<td>10%</td>
<td>26%</td>
<td>26%</td>
<td>10%</td>
</tr>
<tr>
<td>65+</td>
<td>16%</td>
<td>29%</td>
<td>16%</td>
<td>7%</td>
</tr>
</tbody>
</table>

*Very likely, Likely, Unlikely, Very unlikely

Adults 18-34 and 35-44 are significantly* more likely to use extended office hours than adults 55-64 and 65+.

% likely to use same-day appointments by insurance status

<table>
<thead>
<tr>
<th>Status</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>17%</td>
<td>38%</td>
<td>38%</td>
<td>15%</td>
</tr>
<tr>
<td>Bought on own</td>
<td>26%</td>
<td>33%</td>
<td>26%</td>
<td>15%</td>
</tr>
<tr>
<td>Medicare</td>
<td>36%</td>
<td>30%</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>36%</td>
<td>30%</td>
<td>19%</td>
<td>15%</td>
</tr>
</tbody>
</table>

*Very likely, Likely, Unlikely, Very unlikely

U.S. adults who receive health insurance through their employer are significantly* more likely to use extended office hours than those who receive it through Medicare or Medicaid.

% likely to use extended office hours by parental status

<table>
<thead>
<tr>
<th>Have children</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>18%</td>
<td>35%</td>
<td>40%</td>
<td>4%</td>
<td>16%</td>
</tr>
<tr>
<td>27%</td>
<td>35%</td>
<td>40%</td>
<td>4%</td>
<td>27%</td>
</tr>
</tbody>
</table>

*Very likely, Likely, Unlikely, Very unlikely

Adults with children in the household are significantly* more likely to use extended office hours than those who do not have children in the household.

% likely to use extended office hours by employment status

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>17%</td>
<td>39%</td>
<td>35%</td>
<td>19%</td>
</tr>
<tr>
<td>Part-time</td>
<td>28%</td>
<td>39%</td>
<td>32%</td>
<td>31%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>18%</td>
<td>22%</td>
<td>35%</td>
<td>32%</td>
</tr>
</tbody>
</table>

*Very likely, Likely, Unlikely, Very unlikely

Adults both full-time and part-time employed are significantly* more likely to use extended office hours than unemployed adults.

Base: All Qualified Respondents (n = 1,511)
Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?
*p < .05, top 2 box vs. bottom 2 box
**Percentages may not sum to 100% due to rounding error
Most are also likely to use online scheduling

% likely/unlikely to use online scheduling

- Very likely: 36%
- Likely: 28%
- Unlikely: 21%
- Very unlikely: 15%

Base: All Qualified Respondents (n = 1,511)
Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?
Likelihood to use online scheduling differs by group

% likely to use online scheduling appointments by age

<table>
<thead>
<tr>
<th>Age</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>10% 17%</td>
<td>13% 15%</td>
<td>17% 20%</td>
<td>18% 21%</td>
</tr>
<tr>
<td>35-44</td>
<td>37% 36%</td>
<td>40%</td>
<td>35% 37%</td>
<td>32%</td>
</tr>
<tr>
<td>45-54</td>
<td>27% 25%</td>
<td>27%</td>
<td>25% 21%</td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>18% 15%</td>
<td>12% 18%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>18% 23%</td>
<td>16%</td>
<td>32%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Adults 18-34, 35-44, 45-54 are significantly* more likely to use online scheduling than adults 65+.

% likely to use online scheduling by insurance status

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>12% 16%</td>
<td>25%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Bought on own</td>
<td>40% 24%</td>
<td>23%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Medicare</td>
<td>32% 28%</td>
<td>22%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>32%</td>
<td>30%</td>
<td>30%</td>
<td></td>
</tr>
</tbody>
</table>

U.S. adults who receive health insurance through their employer are significantly* more likely to use online scheduling than those who receive it through all other means.

% likely to use online scheduling by parental status

<table>
<thead>
<tr>
<th>Parental status</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have children</td>
<td>14% 18%</td>
<td>36%</td>
<td>32%</td>
<td>23%</td>
</tr>
<tr>
<td>Do not have children in HH</td>
<td>16%</td>
<td>35%</td>
<td>25%</td>
<td></td>
</tr>
</tbody>
</table>

Adults with children in the household are significantly* more likely to use online scheduling than those who do not have children in the household.

% likely to use online scheduling by employment status

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>12% 18%</td>
<td>39%</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>Part-time</td>
<td>18% 15%</td>
<td>34%</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>23%</td>
<td>15%</td>
<td>22%</td>
<td></td>
</tr>
</tbody>
</table>

Adults who work either full-time or part-time are significantly* more likely to use online scheduling than unemployed adults.

Base: All Qualified Respondents (n = 1,511)
Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?
* p < .05, top 2 box vs. bottom 2 box
**Percentages may not sum to 100% due to rounding error
Most are also likely to use e-mail communication with their HCP for ongoing care

% likely/unlikely to use e-mail communication

- Very likely: 34%
- Likely: 18%
- Unlikely: 11%
- Very unlikely: 71%

Base: All Qualified Respondents (n = 1,511)
Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?
Likelihood to use e-mail with doctors differs by group

% who would use e-mail with doctor by age

<table>
<thead>
<tr>
<th>Age</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>6%</td>
<td>10%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>35-44</td>
<td>10%</td>
<td>17%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>45-54</td>
<td>13%</td>
<td>21%</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>55-64</td>
<td>13%</td>
<td>17%</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>65+</td>
<td>10%</td>
<td>26%</td>
<td>36%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Adults 18-34, 35-44, and 45-54 are significantly* more likely to use e-mail communication with their doctor than adults 65+.

% who would use e-mail with doctor by insurance status

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>14%</td>
<td>38%</td>
<td>39%</td>
<td>14%</td>
</tr>
<tr>
<td>Bought on own</td>
<td>16%</td>
<td>32%</td>
<td>37%</td>
<td>12%</td>
</tr>
<tr>
<td>Medicare</td>
<td>23%</td>
<td>37%</td>
<td>37%</td>
<td>12%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>23%</td>
<td>37%</td>
<td>37%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Adults who have insurance through their employer are significantly* more likely to use e-mail communication with their doctor than those who receive it through Medicare or Medicaid.

% who would use email with a doctor by employment status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>15%</td>
<td>40%</td>
<td>35%</td>
<td>15%</td>
</tr>
<tr>
<td>Part-time</td>
<td>12%</td>
<td>37%</td>
<td>38%</td>
<td>12%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>13%</td>
<td>24%</td>
<td>30%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Adults both full-time or part-time employed are significantly* more likely to be likely to use e-mail with their doctor than unemployed adults.

% who would use e-mail with doctor by parental status

<table>
<thead>
<tr>
<th>Parental Status</th>
<th>Very likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have children</td>
<td>17%</td>
<td>41%</td>
<td>39%</td>
<td>13%</td>
</tr>
<tr>
<td>Do not have children</td>
<td>19%</td>
<td>38%</td>
<td>35%</td>
<td>17%</td>
</tr>
</tbody>
</table>

There is no difference between those with children in the household and those without in likelihood to use email with their doctor.
A majority think they should have access to EMR  
But, fewer actually do

Significantly* more U.S. adults believe doctors should provide EMR access than actually have such access.

<table>
<thead>
<tr>
<th>% of patients' doctors who do/don't provide EMR access</th>
<th>66%</th>
<th>34%</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients who think all doctors should provide EMR access</td>
<td>85%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Base: All Qualified Respondents (n = 1,511)
Q705. Electronic medical records (EMR), also called electronic health records (EHR), are medical records kept in a secure online database that is accessible to both healthcare providers and patients. Patients can often access their electronic medical records through a portal over the internet.
- Does your doctor provide you access to your electronic medical records or electronic health records?
- Do you think all doctors should provide access to their EMR?
Among those who use EMR, monitoring health is the most common reason

- Monitor health: 72%
- Request a prescription refill: 38%
- Request an appointment: 33%
- Ask a physician a medical question: 32%
- Update contact information with physician: 23%
- Download health information to a computer or health tracking program: 20%
- Share information with someone such as a family member: 13%
- Other: 4%

Base: Accessed EMR At Least 1 Time In Past 12 Months (n = 749)
Q730. In the past 12 months, that is since [CURRENT DATE – 365 DAYS; DISPLAY DAY, MONTH YEAR], for which of the following have you accessed your electronic medical records? Please select all that apply.
Most think EMR access is important

More in the 18-64 age groups than those 65+ think it’s very important

Base: All Qualified Respondents (n = 1,511)

Q735. How important is it to you to have access to your electronic medical records?
Most think all their doctors should have access to their EMR

% who think all their doctors should/shouldn’t have EMR access

- Think all their doctors should have EMR access: 78%
- Do not think all their doctors should have EMR access: 22%

Base: All Qualified Respondents (n = 1,511)

Q705. Electronic medical records (EMR), also called electronic health records (EHR), are medical records kept in a secure online database that is accessible to both healthcare providers and patients. Patients can often access their electronic medical records through a portal over the internet.

-Should all of your doctors have access to your EMR?
And, most think EMR will result in improved healthcare in general and (specifically) for themselves

<table>
<thead>
<tr>
<th>% of patients who think EMR will/will not improve healthcare in general</th>
<th>% of patients who think EMR will/will not improve healthcare for them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will improve</td>
<td>Will not improve</td>
</tr>
<tr>
<td>67%</td>
<td>65%</td>
</tr>
<tr>
<td>33%</td>
<td>35%</td>
</tr>
</tbody>
</table>

**Base: All Qualified Respondents (n = 1,511)**

Q705. Electronic medical records (EMR), also called electronic health records (EHR), are medical records kept in a secure online database that is accessible to both healthcare providers and patients. Patients can often access their electronic medical records through a portal over the internet.

- Do you think EMR will improve the quality of healthcare for you?
- Do you think EMR will improve the quality of healthcare in general?
THE AFFORDABLE CARE ACT
Many parts of the ACA are now understood by most U.S. adults, but confusion around other parts still exists.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires all citizens to have health insurance*</td>
<td>93%</td>
<td>7%</td>
</tr>
<tr>
<td>Provides subsidies to pay for insurance*</td>
<td>81%</td>
<td>19%</td>
</tr>
<tr>
<td>Allows parents to keep their children on their insurance*</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Requires insurance companies to cover routine preventive care*</td>
<td>77%</td>
<td>23%</td>
</tr>
<tr>
<td>Requires states to offer a Medicaid option</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Allows insurance rescission</td>
<td>68%</td>
<td>32%</td>
</tr>
</tbody>
</table>

*Base: All Qualified Respondents (n = 1,511)
Q306. For each, please tell us if you think the statement is true or false.

- It requires all American citizens to have health insurance or pay a fine
- It provides financial assistance to those with lower and moderate income to pay for insurance
- It requires all states to offer a Medicaid option to all citizens
- It allows insurance companies to cancel policies after they have been issued (sometimes called rescission
- It allows parents to keep their children on their insurance up to age 26
- It requires insurance companies to cover routine preventive care services, such as annual exams, routine vaccines or immunizations
Half find navigating parts of the healthcare system, such as insurance, more difficult since ACA passed
And, political affiliation matters

% agree/disagree ACA has made health insurance more difficult to understand

- 55% Strongly agree/agree
- 25% Agree
- 28% Disagree
- 17% Strongly disagree

Base: All Qualified Respondents (n = 1,511)
Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act (ACA).
- Since the passage of the ACA my health insurance seems more difficult to understand

*p < .05
About 3 out of 5 do not think health insurance has improved since ACA was passed

% agree/disagree health insurance improved since ACA passed

- Strongly agree: 29%
- Agree: 31%
- Disagree: 28%
- Strongly disagree: 11%

Strongly disagree/disagree: 58%

Base: All Qualified Respondents (n = 1,511)
Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act (ACA).
- Health insurance has been improved because of the passage of the ACA –
  *p < .05
But, there are differences in this sentiment across groups

College educated are significantly* more likely than those with less than a college degree to strongly agree/agree that insurance has improved since ACA passed.

Blacks/African-Americans are significantly* more likely than Whites and Hispanics to strongly agree/agree that insurance has improved since ACA passed.

Democrats are significantly* more likely than Independents and Republicans to strongly agree/agree that insurance has improved since ACA passed.

Adults in the East and West are significantly* more likely than those in the South to strongly agree/agree that insurance has improved since ACA passed.

Base: All Qualified Respondents (n = 1,511)
Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act (ACA).
- Health insurance has been improved because of the passage of the ACA – *p < .05
2 out of 5 think ACA hurts the healthcare system
Fewer think so for some players in the healthcare system

% who think ACA helps/hurts

<table>
<thead>
<tr>
<th>healthcare system as a whole</th>
<th>Helps: 40%</th>
<th>Has no effect on: 8%</th>
<th>Hurts: 52%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceutical (drug) companies</td>
<td>Helps: 42%</td>
<td>Has no effect on: 26%</td>
<td>Hurts: 32%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>Helps: 38%</td>
<td>Has no effect on: 17%</td>
<td>Hurts: 45%</td>
</tr>
<tr>
<td>Health insurance companies</td>
<td>Helps: 39%</td>
<td>Has no effect on: 15%</td>
<td>Hurts: 46%</td>
</tr>
<tr>
<td>Own physician</td>
<td>Helps: 31%</td>
<td>Has no effect on: 24%</td>
<td>Hurts: 45%</td>
</tr>
<tr>
<td>Own family</td>
<td>Helps: 32%</td>
<td>Has no effect on: 29%</td>
<td>Hurts: 39%</td>
</tr>
</tbody>
</table>

Base: All Qualified Respondents (n = 1,511)
Q365. Do you think the Affordable Care Act helps, hurts, or has no effect on...?
...And, political affiliation matters

<table>
<thead>
<tr>
<th>% who think ACA hurts...</th>
<th>% Democratic</th>
<th>% Republican</th>
</tr>
</thead>
<tbody>
<tr>
<td>The healthcare system as a whole</td>
<td>52%</td>
<td>82%*</td>
</tr>
<tr>
<td>Pharmaceutical (drug) companies</td>
<td>32%</td>
<td>47%*</td>
</tr>
<tr>
<td>Hospitals</td>
<td>45%</td>
<td>72%*</td>
</tr>
<tr>
<td>Health insurance companies</td>
<td>46%</td>
<td>64%*</td>
</tr>
<tr>
<td>Own physician</td>
<td>45%</td>
<td>73%*</td>
</tr>
<tr>
<td>Own family</td>
<td>39%</td>
<td>61%*</td>
</tr>
</tbody>
</table>

Base: All Qualified Respondents (n = 1,511)
Q365. Do you think the Affordable Care Act helps, hurts, or has no effect on...?
Half think the healthcare system was better before the ACA was passed
And, this too varies by political affiliation

% agree/disagree healthcare system was better before ACA was passed

- Strongly agree: 19%
- Agree: 26%
- Disagree: 28%
- Strongly disagree: 27%

Base: All Qualified Respondents (n = 1,511)
Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act (ACA).
- Our healthcare system was better before the passage of the ACA.
Yet, most, regardless of political affiliation, agree that while the ACA isn’t perfect reform was needed
Though they differ significantly* in the extent to which they agree

% agree/disagree ACA not perfect, but reform was needed

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Base: All Qualified Respondents (n = 1,511)
Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act (ACA).
- While the ACA is not perfect, healthcare reform was needed –
  *p < .05
Half think the ACA should be repealed in its entirety
But, political tendency matters

% agree/disagree government should repeal the Affordable Care Act in its entirety

- Strongly agree: 27%
- Agree: 34%
- Disagree: 19%
- Strongly disagree: 21%

Self-described conservatives are significantly* more likely to strongly agree/agree than both moderates and liberals:
- Conservative: 79%
- Moderate: 51%
- Liberal: 27%

Base: All Qualified Respondents (n = 1,511)
Q665. Now thinking about the future of healthcare in America, please tell us the extent to which you agree or disagree with the following statements.
- The government should repeal the Affordable Care Act in its entirety
Many expect physicians to help them understand changes resulting from ACA

Doctors should know more about how ACA impacts quality of care

- **Strongly agree**
- **Agree**
- **Disagree**
- **Strongly disagree**

Males: 48% Strongly agree, 31% Agree, 21% Disagree, 26% Strongly disagree
Females: 38% Strongly agree, 34% Agree, 31% Disagree, 26% Strongly disagree

I rely on my doctor to understand ACA impact on quality of care

Males: 53% Strongly agree, 30% Agree, 12% Disagree, 13% Strongly disagree
Females: 43% Strongly agree, 34% Agree, 31% Disagree, 31% Strongly disagree

I rely on my doctor to understand what my insurance covers

Males: 53% Strongly agree, 30% Agree, 12% Disagree, 13% Strongly disagree
Females: 43% Strongly agree, 34% Agree, 31% Disagree, 31% Strongly disagree

Base: All Qualified Respondents (n = 1,511)
Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act (ACA).
- Doctors should know more about how the ACA impacts the quality of healthcare
- I rely on my doctor to help me understand how the ACA impacts the quality of my healthcare
- I rely on my doctor to help me understand what my health insurance covers

*p < .05, **Figures may not sum to 100% due to rounding error
RECENT VISITS TO HCPs
Most routine exams are conducted by PCPs

Who routine exam was with

- PCP: 65%
- Specialist: 11%
- PA: 9%
- NP: 13%
- Other: 1%

Base: All Qualified Respondents (n = 1,511)

Q505. For the next few questions please think about the medical appointment you had for your most recent routine exam. Who was this routine exam with?
However, differences exist across age, employment status, insurance status, & parental status.

Adults 65+ are significantly more likely to have a routine exam with a PCP than those 18-34 and 45-54.

Those employed full-time are significantly more likely to report visiting a PCP for their last routine exam than those unemployed.

Those in the $75,000-$149,999 income category are significantly more likely to report visiting a PCP for their last routine exam than those in the $150,000 category.

Those with no children in the household are significantly more likely to report visiting a PCP for their last routine exam than with children.

22% of those with a household income of $150,000 or more saw a specialist for their most recent routine exam, sig. more than those with $25,000-$74,999 or $75,000-$149,999.

---

Base: All Qualified Respondents (n = 1,511)

Q505. For the next few questions please think about the medical appointment you had for your most recent routine exam. Who was this routine exam with? p < .05

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Visited a PCP for Their Last Routine Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 18-35</td>
<td>59%</td>
</tr>
<tr>
<td>Ages 35-44</td>
<td>64%</td>
</tr>
<tr>
<td>Ages 45-55</td>
<td>62%</td>
</tr>
<tr>
<td>Ages 55-64</td>
<td>65%</td>
</tr>
<tr>
<td>Ages 65+</td>
<td>73%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>% Visited a PCP for Their Last Routine Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>67%</td>
</tr>
<tr>
<td>Part-time</td>
<td>57%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>57%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income Category</th>
<th>% Visited a PCP for Their Last Routine Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>61%</td>
</tr>
<tr>
<td>$25,000-$74,999</td>
<td>63%</td>
</tr>
<tr>
<td>$75,000-$149,999</td>
<td>70%</td>
</tr>
<tr>
<td>$150,000 or more</td>
<td>56%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Income</th>
<th>% Visited a PCP for Their Last Routine Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>$150,000 or more</td>
<td>68%</td>
</tr>
<tr>
<td>$75,000-$149,999</td>
<td>59%</td>
</tr>
<tr>
<td>$25,000-$74,999</td>
<td>57%</td>
</tr>
<tr>
<td>Less than $25,000</td>
<td>56%</td>
</tr>
</tbody>
</table>
Majority think NPs/PAs provide quality care
But, 3 out of 5 still prefer seeing their physician for routine care

Visits with NPs/PAs should have lower out-of-pocket costs
- Strongly agree: 49%
- Agree: 40%
- Disagree: 9%
- Strongly disagree: 2%

NPs/PAs provide high quality care
- Strongly agree: 34%
- Agree: 54%
- Disagree: 10%
- Strongly disagree: 2%

Would rather see a physician for routine, non-emergency care
- Strongly agree: 26%
- Agree: 34%
- Disagree: 30%
- Strongly disagree: 10%

NPs/PAs should be seen first for routine, non-emergency care
- Strongly agree: 19%
- Agree: 48%
- Disagree: 24%
- Strongly disagree: 9%

Base: All Qualified Respondents (n = 1,511)
Q630. People have a variety of opinions on healthcare delivery and reforms. For each of the following items, please tell us how much you agree or disagree with the statement.
- Visits with nurse practitioners or physician assistants should result in lower out-of-pocket costs for patients than visits with physicians
- Nurse practitioners and physician assistants provide high quality care for routine, non-emergency medical issues
- For routine, non-emergency issues, I would rather see a physician than a nurse practitioner or physician assistant even if it means a longer wait time
- Nurse practitioners and physician assistants provide high quality care for routine, non-emergency medical issues
Most were satisfied with various aspects of their most recent visit with their PCP

- **Amount of time PCP spent with you during appointment**: 90%
- **PCPs ability to explain things in a way that was easy to understand**: 95%
- **How well PCP listened to you**: 93%
- **How well PCP seemed to know your medical history**: 92%
- **Extent to which PCP was respectful of you as a patient**: 96%

Adults 65+ are significantly* more satisfied than those in the 35-44 age range on each factor of recent routine exam, except the extent to which the PCP was respectful where there was no statistical difference.

* p < .05
7 out of 10 report wait times at appointments for routine care are in line with expectations

On the day of your appointment for your most recent routine exam, would you say your wait time was...

- 15% Longer than you would expect
- 72% About what you would expect
- 13% Shorter than you would expect

Adults 18-64 are significantly* more likely than adults 65+ to report longer than expected wait times for routine exams.

- 18-34: 22%
- 35-44: 19%
- 45-54: 17%
- 55-64: 15%
- 65+: 6%

* p < .05

BASE: ALL QUALIFIED RESPONDENTS (n = 1,511)
Q510. On the day of your appointment for your most recent routine exam, would you say your wait time was...?
Most say their appointment wait time is about the same now as before the ACA was passed

Significantly more adults who report less than $25,000 in household income report shorter wait times than all but top earners now compared to before the ACA.

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Much/Little shorter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>14%</td>
</tr>
<tr>
<td>$25,000 - $74,999</td>
<td>6%</td>
</tr>
<tr>
<td>$75,000 - $149,999</td>
<td>5%</td>
</tr>
<tr>
<td>$150,000 or more</td>
<td>7%</td>
</tr>
</tbody>
</table>

Significantly more adults who report buying health insurance on their own report longer wait times now compared to before the ACA was passed than those who receive Medicare or Medicaid.

<table>
<thead>
<tr>
<th>Source of Insurance</th>
<th>Much/Little longer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>14%</td>
</tr>
<tr>
<td>Bought on own</td>
<td>28%</td>
</tr>
<tr>
<td>Medicare</td>
<td>13%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>13%</td>
</tr>
</tbody>
</table>

Q525. Now thinking about the amount of time you had to wait for this appointment compared to the amount of time you had to wait for appointments before the Affordable Care Act was passed, do you feel like you had a...?

* p < .05
Half were able to schedule an appointment within a day the last time they were sick.

Wait time for an appointment to see a doctor for sick or non-routine medical care:

- **31%** Same day
- **20%** Next day
- **24%** 2 to 5 days
- **7%** 6 to 7 days
- **7%** 8 to 14 days
- **7%** More than two weeks
- **4%** Never

**Base:** All Qualified Respondents (n = 1,511)

Q530. About how long did you have to wait for an appointment to see a primary care physician?
APPENDIX: SAMPLE DEMOGRAPHICS
## Sample demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>39</td>
</tr>
<tr>
<td>Female</td>
<td>61</td>
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</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>15</td>
</tr>
<tr>
<td>35-44</td>
<td>18</td>
</tr>
<tr>
<td>45-54</td>
<td>23</td>
</tr>
<tr>
<td>55-64</td>
<td>28</td>
</tr>
<tr>
<td>65 or older</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>19</td>
</tr>
<tr>
<td>$25,000 to $74,999</td>
<td>47</td>
</tr>
<tr>
<td>$75,000 to $149,999</td>
<td>28</td>
</tr>
<tr>
<td>$150,000 or more</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital status</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never married</td>
<td>13</td>
</tr>
<tr>
<td>Married</td>
<td>61</td>
</tr>
<tr>
<td>Divorced</td>
<td>13</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
</tr>
<tr>
<td>Widow/Widower</td>
<td>4</td>
</tr>
<tr>
<td>Living with partner</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Political affiliation</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Republican</td>
<td>30</td>
</tr>
<tr>
<td>Independent/other</td>
<td>35</td>
</tr>
<tr>
<td>Democrat</td>
<td>35</td>
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</table>

<table>
<thead>
<tr>
<th>Physical health status</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>8</td>
</tr>
<tr>
<td>Very good</td>
<td>30</td>
</tr>
<tr>
<td>Good</td>
<td>38</td>
</tr>
<tr>
<td>Fair</td>
<td>19</td>
</tr>
<tr>
<td>Poor</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>78</td>
</tr>
<tr>
<td>Black-African American</td>
<td>8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
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<td>29</td>
</tr>
<tr>
<td>Job training after HS</td>
<td>8</td>
</tr>
<tr>
<td>Some college</td>
<td>28</td>
</tr>
<tr>
<td>College or more</td>
<td>34</td>
</tr>
</tbody>
</table>

*Unweighted data*