

2024 NATIONAL CONSUMER SURVEY SERIES: ACCESS & CHOICE

Consumers' Choice: Connection, Cost, Convenience

The public values convenience and cost when considering where to receive care but feeling connected and in partnership with their providers is the defining driver of satisfaction. Offering both digital and analog tools for patients to get in the door and build relationships is a key imperative for Marcom leaders today.

Focus on: Access, choice and trust

Getting the right patients in the door at the right time and with the right care team member, then providing them an experience that meets – or better, exceeds – expectations is fundamental to the growth and reputation of any provider organization.

And with healthcare delivery options proliferating, providers need to understand what patients are looking for in a care journey. How do they want to access that care? What dissatisfiers might drive them to seek care elsewhere?

This report explores what leads people to choose and stay with their providers. Specifically, how they prioritize factors such as location, appointment wait times, availability of digital tools and even the demographics of clinicians and staff. Do they care about online ratings and reviews? How do people define “quality”?

The answers to these questions provide a roadmap for provider organizations and Marcom leaders working to increase access to care and build a relationship with patients that will bring them back for the next appointment. This includes not only the tools and processes patients prioritize when engaging with their care, but also the language, messages and interpersonal dynamics providers can use that will deepen that bond with patients.



Insights include:

- » Factors that matter most in selecting a primary care provider (PCP) and specialist
- » Expectations about convenience and appointment times
- » Availability and use of digital tools, including virtual care and online scheduling
- » Access to and use of urgent care
- » Where consumers go for information when searching for a new provider
- » What’s most important when it comes to perception of quality and building trust

Key takeaways



Convenience attracts, but trust retains

A referral from a trusted friend or relative is the top driver of PCP choice. Insurance coverage and convenience are also priorities when seeking care. Feeling seen and heard is the lynchpin of satisfaction. In fact, many would be willing to travel somewhat further to stay with their current PCP.



Providers need to straddle two worlds

Patients value digital tools...and analog ones. People are evenly split on whether they'd prefer an in-person or virtual visit for their first interaction in an episode of care. Half prefer a phone call to schedule an appointment, compared to four in 10 who would choose scheduling online.



Urgent care is filling the convenience gap

Eight in 10 have nearby access to an urgent care clinic. Just under half have used it in the past year. Of those who have used urgent care, they cite location and the ability to be seen quickly – including after hours – as the primary reasons for choosing it over a PCP or other provider.




Patients equate experience with quality

For patients, “quality” is displayed not through technical metrics or awards, but through deeply personal, relationship-oriented delivery of care. A doctor who listens and a staff who cares are the top factors in building trust and creating a sense of quality care.




Demographics and Healthcare Utilization

Demographics

Gender 


Women	56%
Men	44%

Health Coverage 


Private Health Ins.	56%
Medicare	19%
Medicaid	9%
Obamacare	4%
Veterans Health (VA)	1%
Tricare	< 1%
No health insurance	11%

Ethnicity 

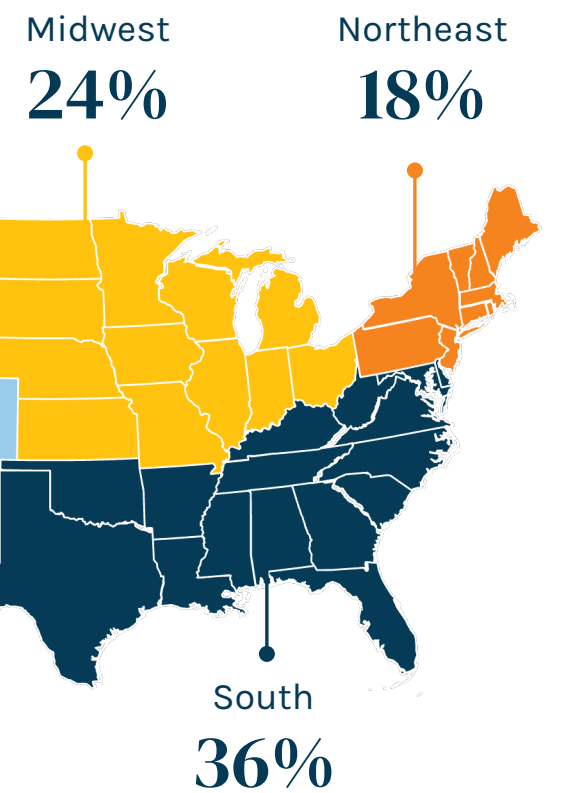
Caucasian or White	69%
African American or Black	13%
Hispanic or Latino	10%
Asian or Pacific American	5%
American Indian or Alaska Native	1%
Other	2%


Age 

18-34	26%
35-44	16%
45-54	16%
55-64	21%
65+	21%

Economic Circumstances 


Poor	14%
Working Class	30%
Middle Class	44%
Upper Middle Class	9%
Well-To-Do	3%




Environment 

Urban	28%
Suburban	48%
Rural	24%

Healthcare Utilization


Have a PCP 

Yes	80%
No	20%


See a Specialist 

Yes	40%
No	60%

67% of adults 18-34 say they have an established PCP. Not surprisingly, that number rises for each age group, with **95%** of those 65+ saying they currently have a PCP.

Someone in home consulted with PCP in past two years 

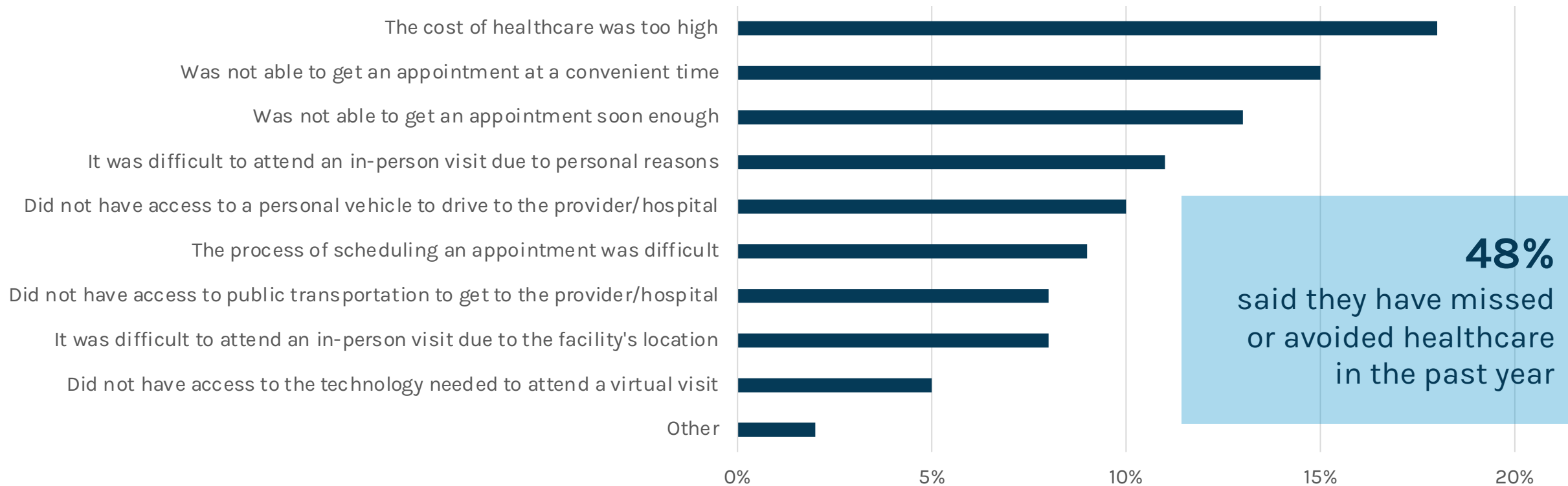
Yes	70%
No	24%
Unsure	6%

Someone in home received hospital-based care in past two years 

Yes	50%
No	47%
Unsure	3%

Among those who missed care, nearly half cited cost or convenience

In the past year, have you or anyone in your household missed or avoided healthcare - whether a routine appointment or a visit to an emergency room for a serious issue - for any of the following reasons?





Trust, Quality and Reputation

A friendly, caring environment and a team who listens to concerns is foundational to building trust. The same factors play into patients' perceptions of quality, more so than rankings and awards.

Personal interaction matters most in building trust

Thinking about what contributes to your **trust** in a healthcare provider, please rank the following in order of importance by completing the sentence (1 = most important):

“I trust my healthcare provider more when...”

Average Rank

1	The doctor listens to my concerns	2.7
2	The staff is caring and friendly	3.4
3	It's easy to get an appointment	3.9
4	I leave appointments with a plan for improving my health or resolving my problem	4.1
5	The doctor or medical group has good online reviews from other patients	5.0
6	The doctor or medical group has good ratings from online rating sites or U.S. News rankings	5.5
7	The doctor or medical group has won awards for their quality or patient experience	5.7
8	The brand/name of the organization (for example, (St. Jo's Hospital) or practice (Elite Medical Group) is well-known	5.8

N = 1034

Personal interaction contributes most to perception of quality

Thinking about the **quality of care** you get from a doctor or medical group, please rank the following in order of importance by completing the sentence (1 = most important):

“I know I am receiving quality care when...”

Average Rank

1	The doctor listens to my concerns	2.5
2	The staff is caring and friendly	3.6
3	I leave appointments with a plan for improving my health or resolving my problem	3.8
4	It's easy to get an appointment	4.1
5	The doctor or medical group has good online reviews from other patients	5.1
6	The doctor or medical group has won awards for their quality or patient experience	5.5
7	The doctor or medical group has good ratings from online rating sites or U.S. News rankings	5.6
8	The brand/name of the organization (for example, (St. Jo's Hospital) or practice (Elite Medical Group) is well-known	5.8

N = 1034

Google and WebMD are the primary platforms for those who seek provider information online

When looking for a healthcare provider, do you take any of the following rankings or lists into account?

29% 

24% 

46% None

15%  healthgrades.

13% 

13% 

11% 

5% 

3% 

2% 

2% 

2% IBM Watson/Fortune

2% Other

N = 1034



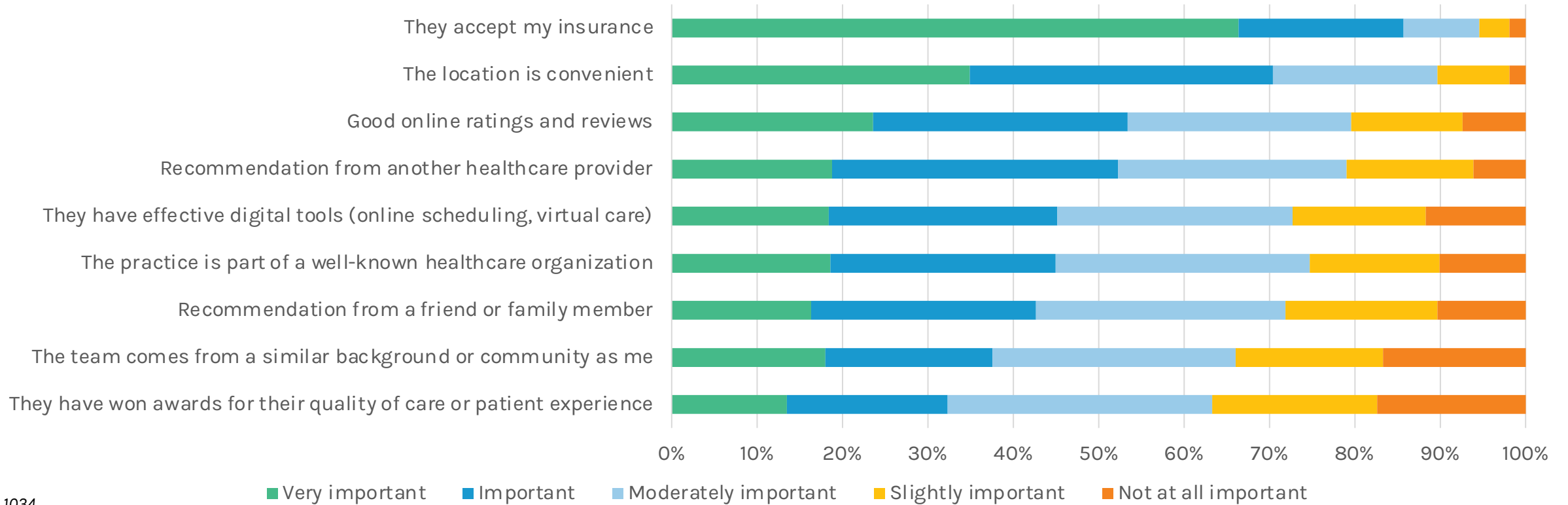
Selecting and Engaging with Providers: **Primary Care**

While convenience and appointment availability matter for patients, a caring environment is the most cited factor in their satisfaction.

Insurance, convenience and good reviews rank highest when **thinking** about choosing a PCP...

Here are some factors that might be considered in selecting a primary care provider (PCP).

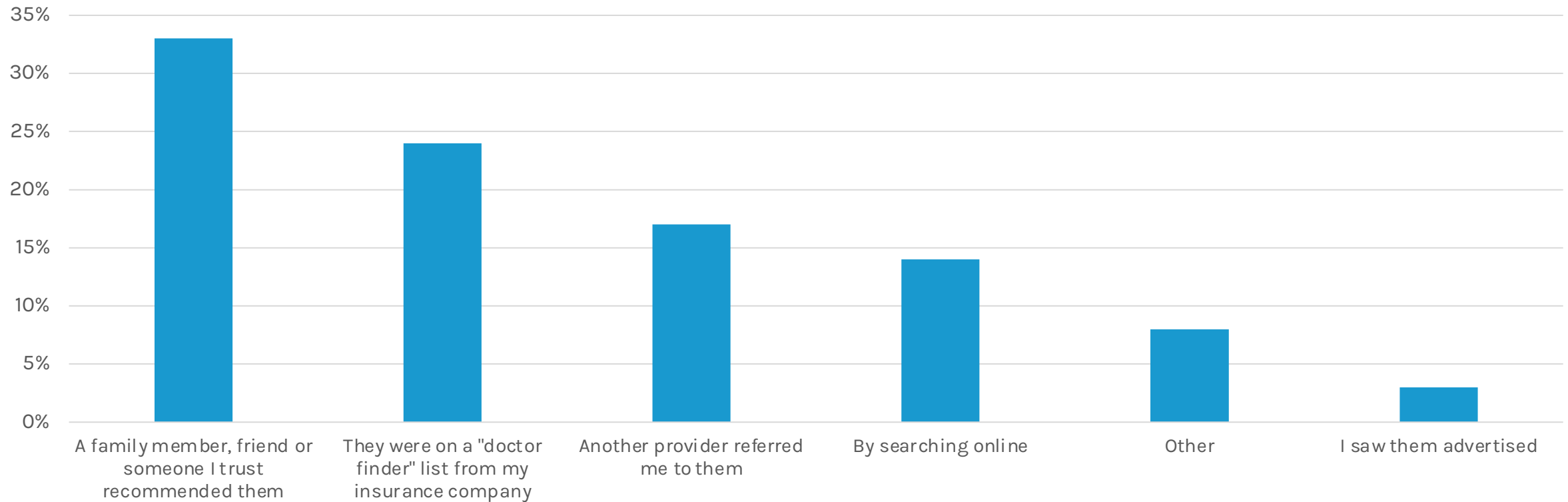
Please indicate how important each of the following would be to your choice of a provider to care for you or your loved ones.



N = 1034

...But word of mouth – and insurance coverage – are key to **actually** selecting that provider

How did you find your PCP when you first sought care?



N = 831: Yes, have PCP

“Caring” and “listening” are the most highly cited reasons people appreciate their PCP

What do you like most about your current PCP and the experience of receiving care from that team? (Open text)

ENGAGEMENT	CONVENIENCE	TECHNOLOGY	QUALITY
<p>“She is my partner in my healthcare.”</p> <p>“I like the fact that I have a history with them, and they know me by name. My current PCP knows my medical history and has helped me improve my health.”</p> <p>“A doctor and his team who care about the well-being of their patients”</p> <p>“They listen to me.”</p> <p>“They’re attentive to all concerns.”</p>	<p>“Has many offices and services.”</p> <p>“Close to home.”</p> <p>“Experienced. Easy to get appointments. Nearby.”</p> <p>“I can get in quickly without a lot of wait time.”</p> <p>“I actually got an appointment when I needed one which doesn’t always happen here in New Mexico.”</p> <p>“There are several doctors there and several PAs, so I can always see someone.”</p>	<p>“Online service.”</p> <p>“Everyone has access to all of my information.”</p> <p>“I get contacted by phone to set up appointments for check-ups.”</p> <p>“They have telehealth.”</p>	<p>“Very thorough.”</p> <p>“Efficient and thorough.”</p> <p>“She is knowledgeable about my chronic condition.”</p> <p>“He goes over my charts completely, and I have complete confidence in him.”</p>

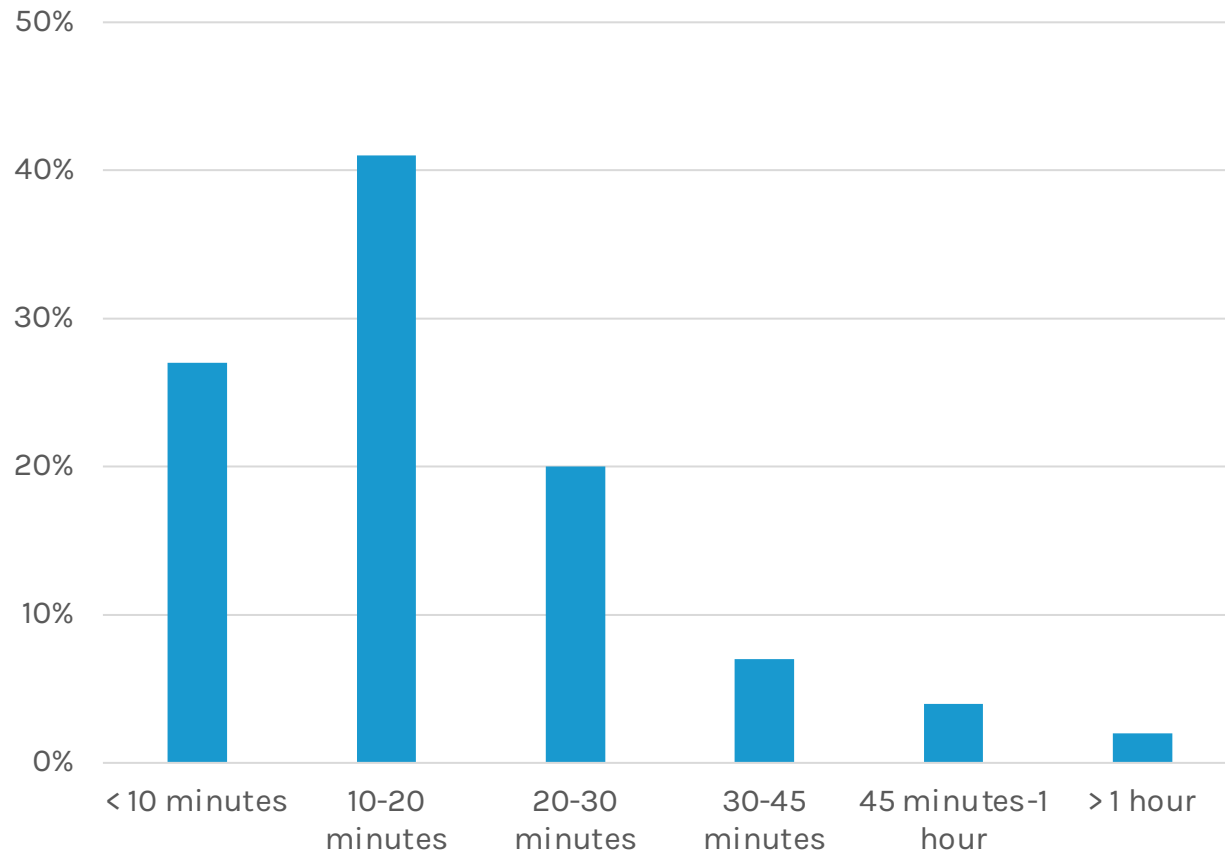
Approximately **half** of respondents referenced some form of interpersonal engagement as what they like most about their PCP.

About **one in seven** mentioned convenience, and **one in 10** referred to ideas about competence and quality.

Qualitative review of verbatims from 831 respondents who have a PCP.

Less than one-third travel more than 20 minutes to see their PCP...

How far do you currently travel one way to see your PCP for in-person visits?



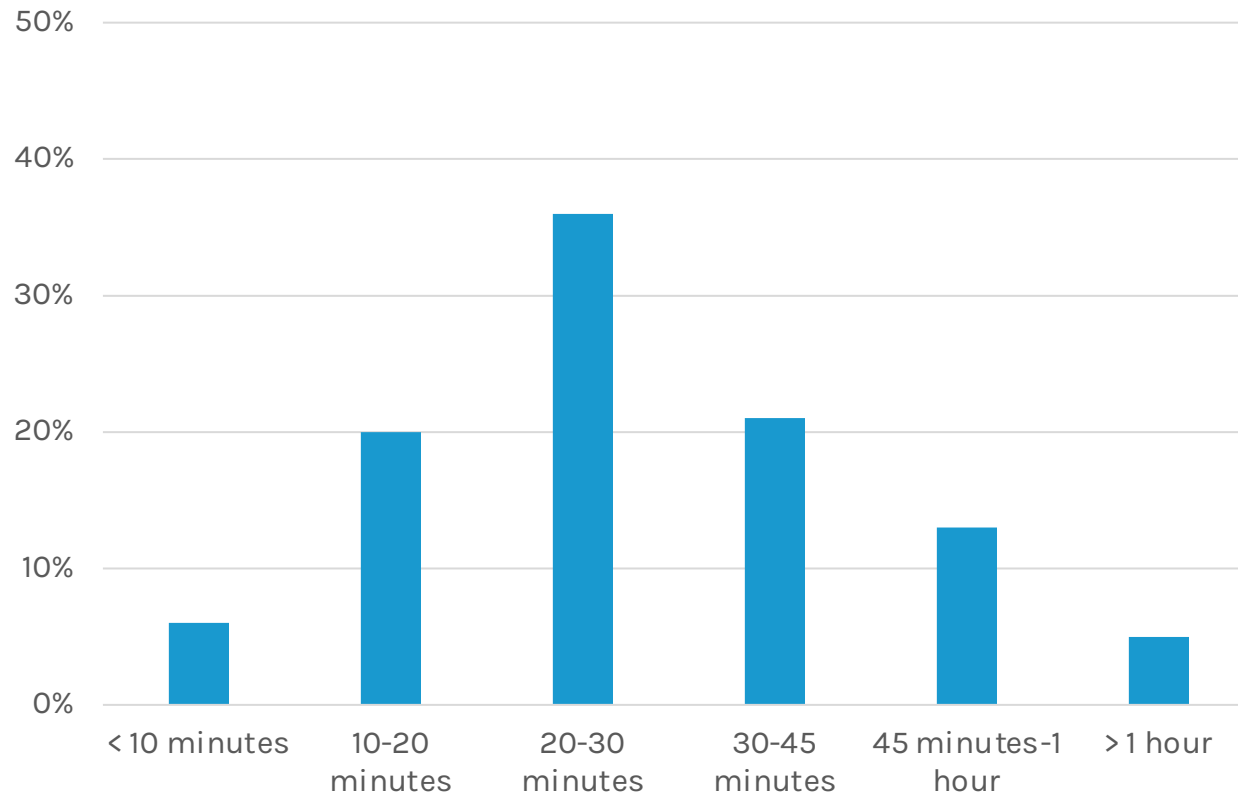
	Urban	Suburban	Rural
Less than 10 minutes	26%	29%	27%
10-20 minutes	41%	44%	33%
20-30 minutes	18%	19%	23%
30-45 minutes	11%	4%	9%
45 minutes - 1 hour	4%	3%	5%
More than 1 hour	0%	1%	4%

Relatively few rural residents travel farther than those in or around cities

N = 831: Yes, have PCP

...But many would travel farther to stay with that PCP

Imagine either you or your PCP were moving further away. How far would you be willing to travel one way to continue seeing that same PCP?



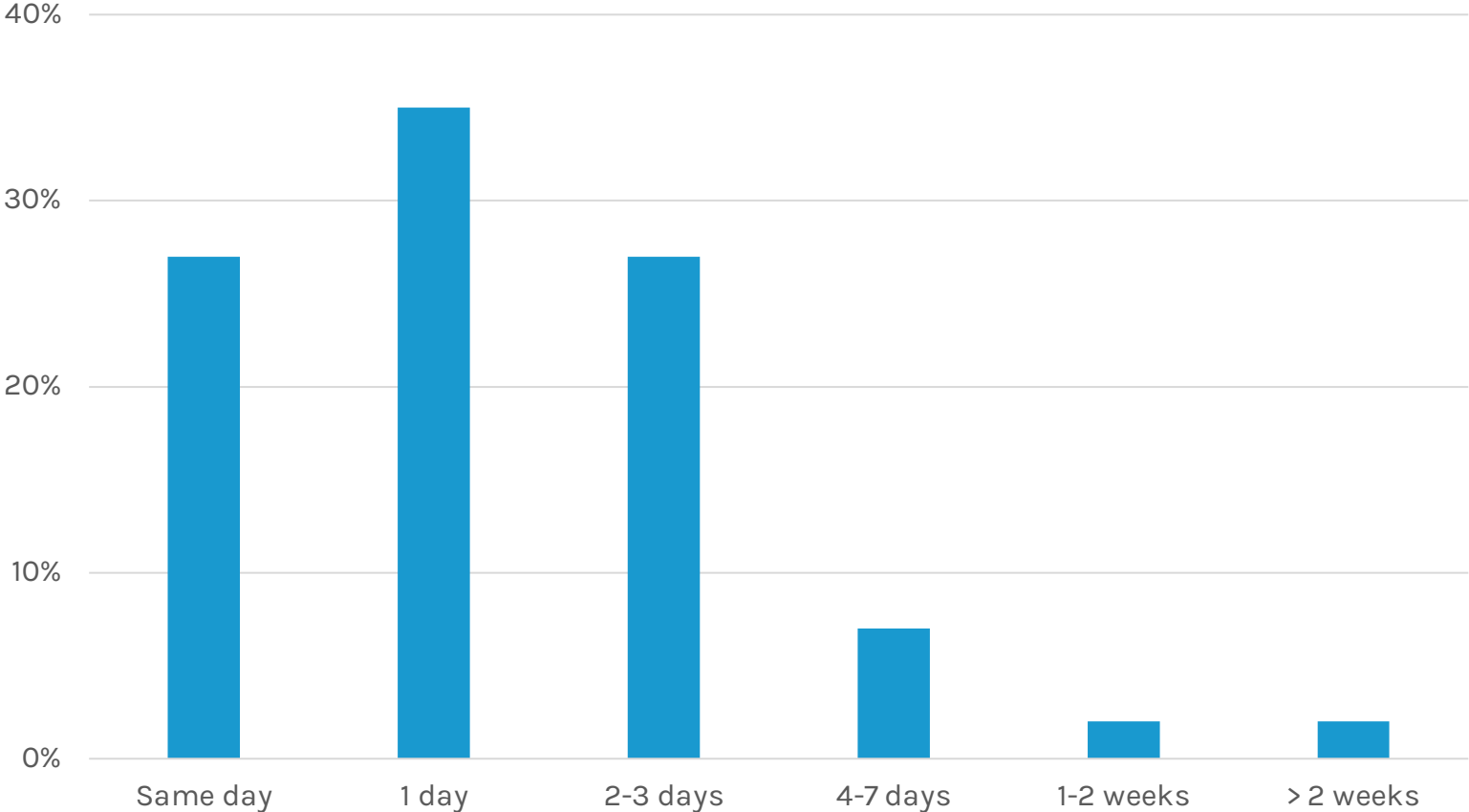
	Urban	Suburban	Rural
Less than 10 minutes	7%	5%	7%
10-20 minutes	24%	21%	13%
20-30 minutes	31%	39%	36%
30-45 minutes	20%	20%	22%
45 minutes - 1 hour	13%	11%	15%
More than 1 hour	4%	4%	8%

Willingness to travel farther to maintain continuity of care suggests two things: That **relationships matter**. And that, yes, there are costs associated with switching. The stronger the relationship, though, the higher that energy barrier will be.

N = 831: Yes, have PCP

More than six in 10 are willing to wait one to three days to see their PCP for an urgent medical need

Imagine scheduling an **urgent appointment** (e.g., sick appointment) with your **current PCP**. How long would you be willing to wait to be seen by your current PCP or another provider in the practice, before seeking care elsewhere?



N = 831: Yes, have PCP

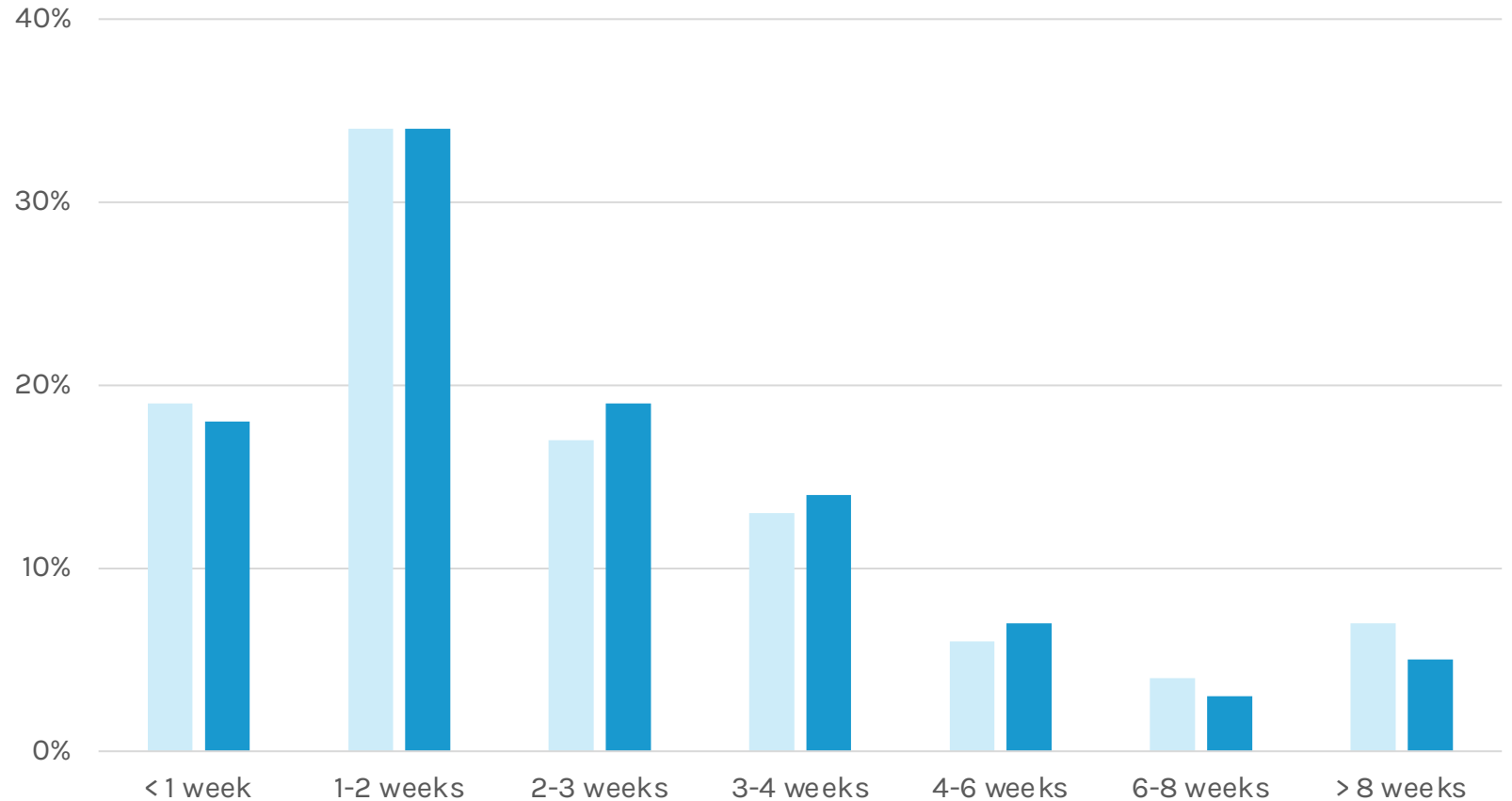
More than half expect to secure an appointment within two weeks for routine care

Imagine scheduling a routine/preventive appointment with your **current PCP** (e.g., yearly physical, flu shot). How long would you be willing to wait to be seen by your current PCP or another provider in the practice, before seeking care elsewhere?

N = 831: Yes, have PCP

Imagine you are seeking care with a **new primary care provider**. How long would you be willing to wait to get an appointment with your first choice or preferred PCP before seeking care with another provider?

N = 1034



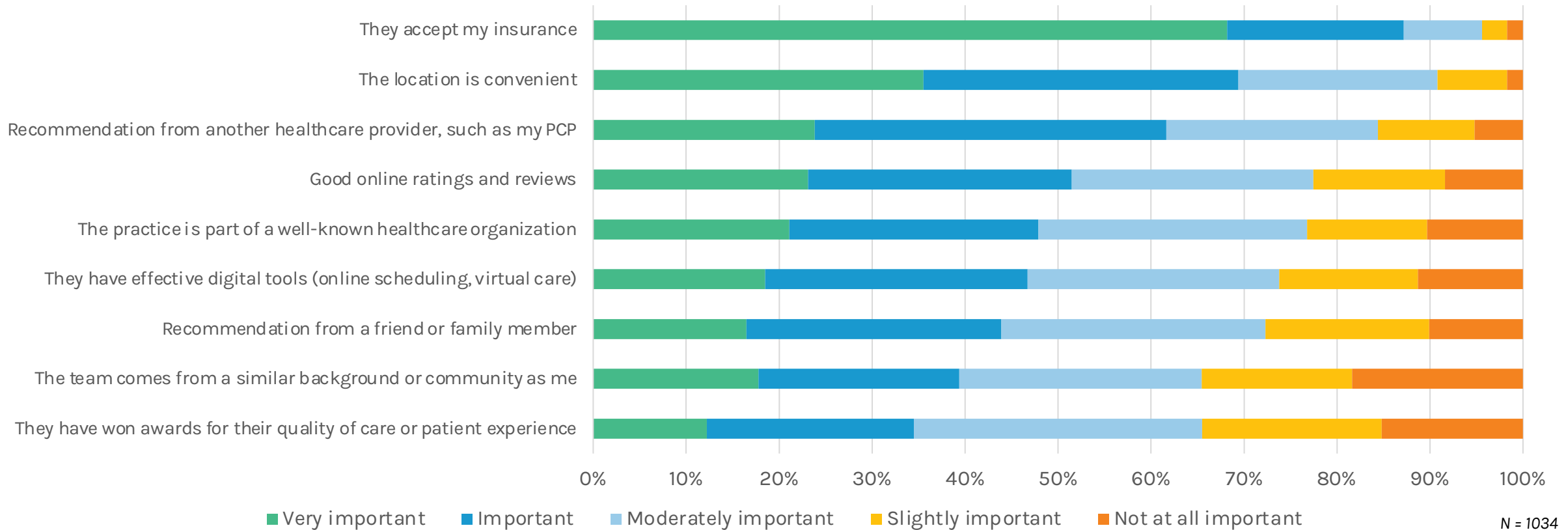


Selecting and Engaging with Providers: **Specialty Care**

Referral from a trusted clinician matters most
in selecting a specialist.

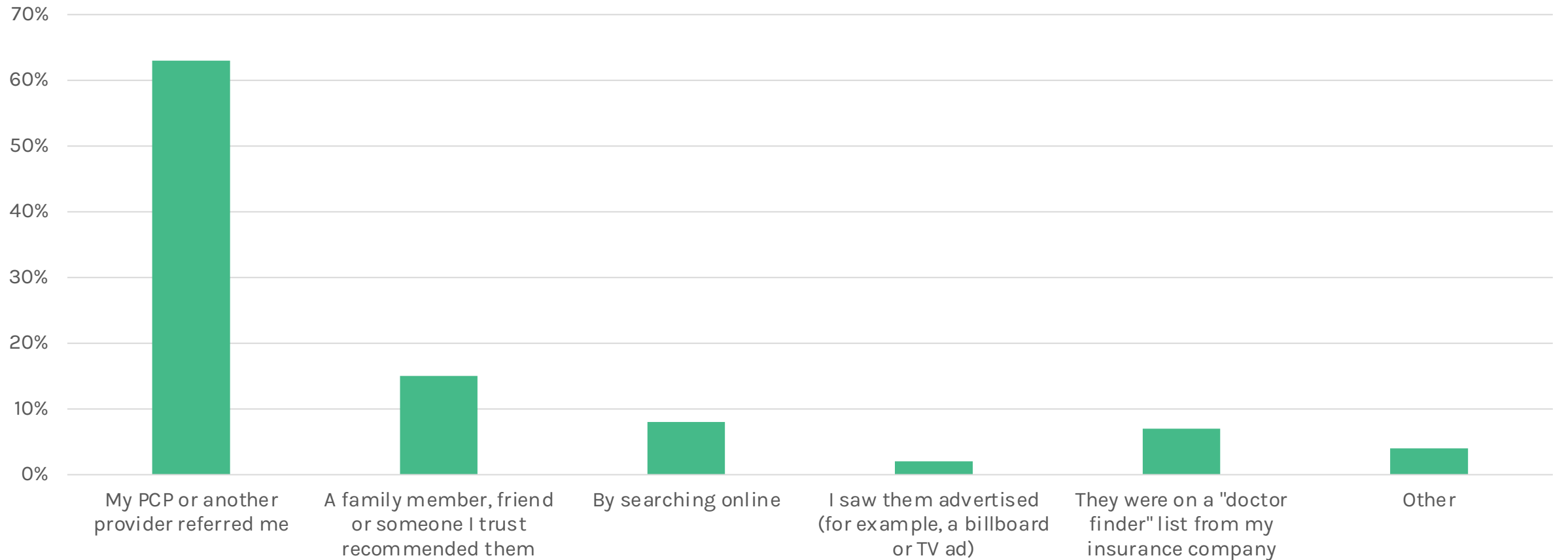
A PCP's recommendation rises in importance when thinking about choosing specialty care...

Here are some factors that might be considered in selecting a provider for specialty care. Please indicate how important each of the following would be to your choice of a provider to care for you or your loved ones.



...And is the primary driver when actually selecting a specialist

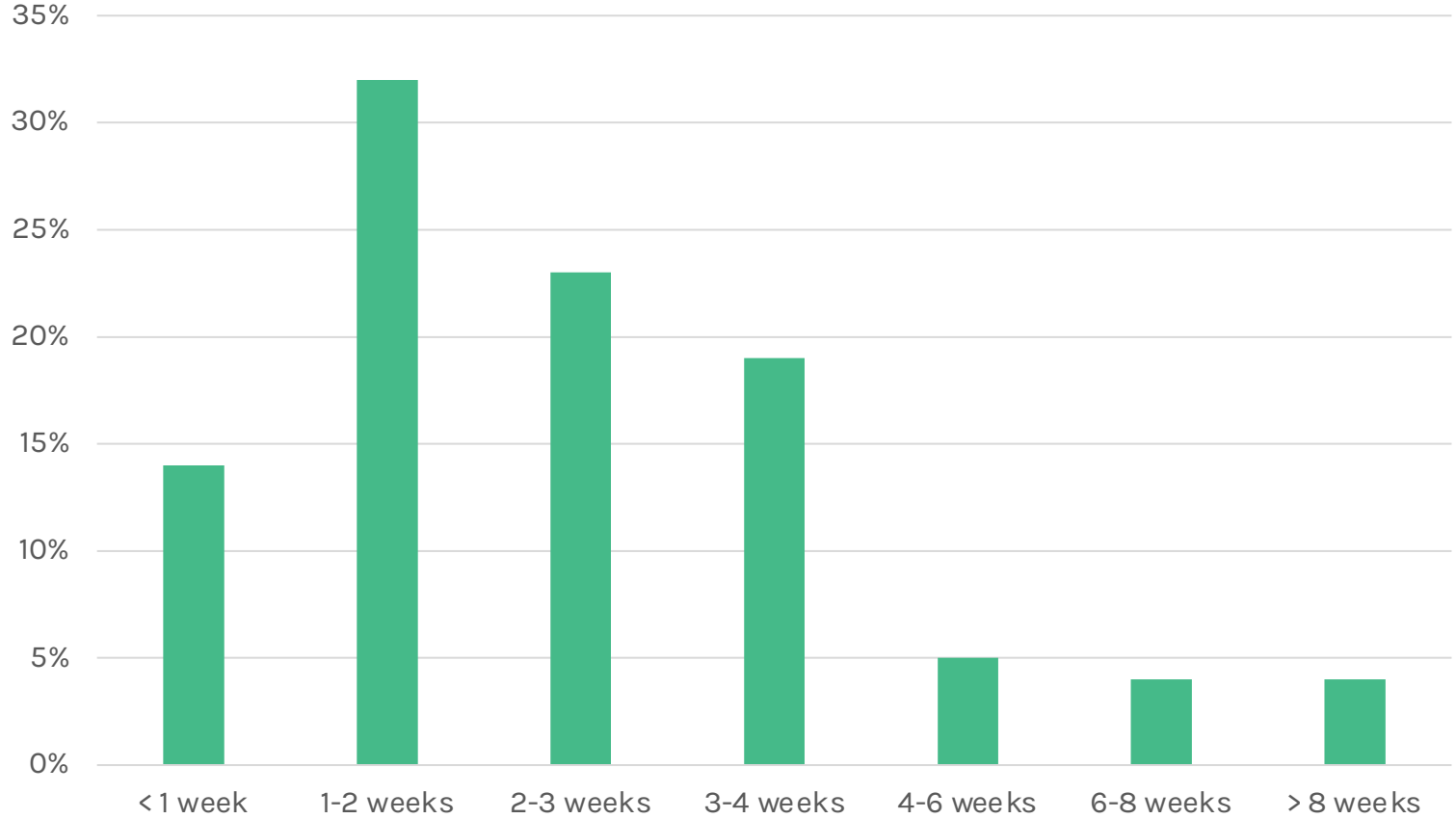
How did you find your specialist when you first sought care?



N = 418: Yes, have specialist

More than half are only willing to wait one to three weeks to see a new specialist

Imagine you are seeking care with a **new specialist provider**. How long would you be willing to wait to get an appointment with your first choice or preferred specialist before seeking care with another provider?



N = 418: Yes, see specialist

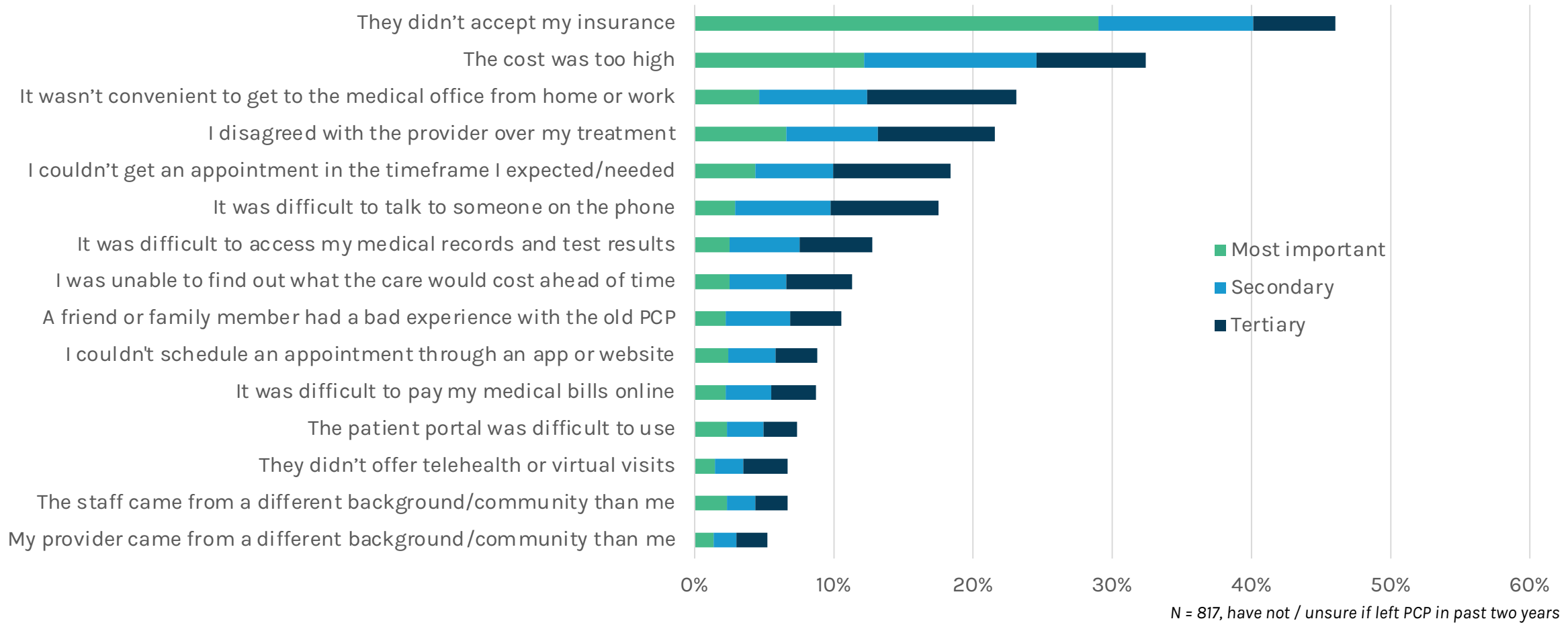


Changing Providers

People cite a change in insurance coverage, high costs or lack of convenience as the factors most likely to push them toward finding a different provider. Reasons for **actually** switching included a change in insurance, a move or provider's retirement and a disagreement over specialty care.

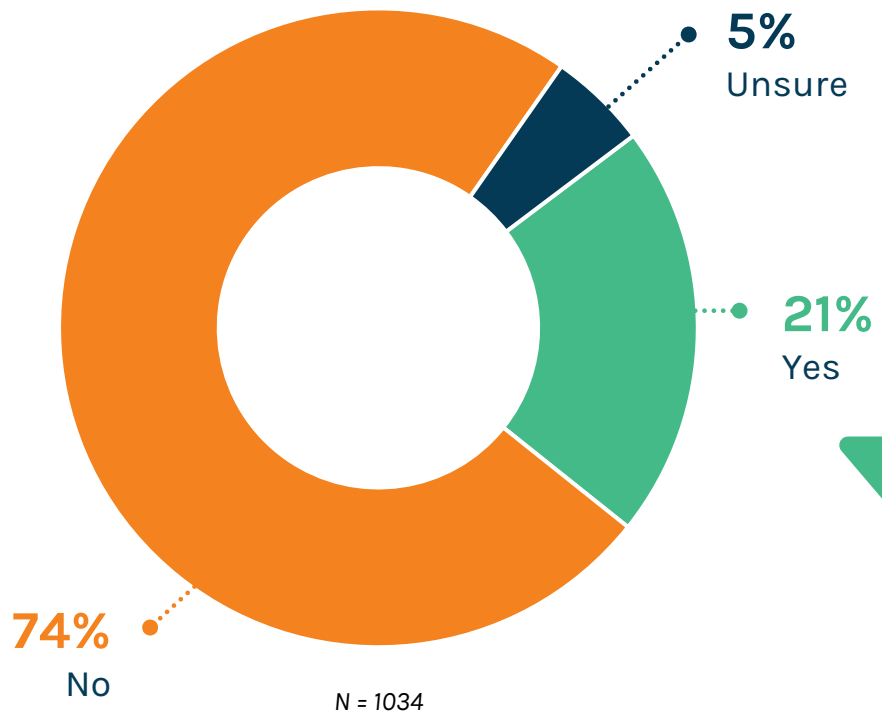
Behind insurance and cost, convenience a priority for primary care

Please rank the top three reasons why you would change to a different provider for primary care. Think of each option as describing the PCP you were leaving.



Yet few actually change PCPs unless there's an insurance change or retirement

In the past two years, have you or someone in your household changed to a different provider for primary care?



Why did you or someone in your household change to a different PCP?

“My PCP moved out of state.”

“Wasn’t on my insurance”

“Previous doctor retired.”

“New insurance.”

“Price was too expensive.”

“My doctor went to another hospital.”

“Closer to where we live.”

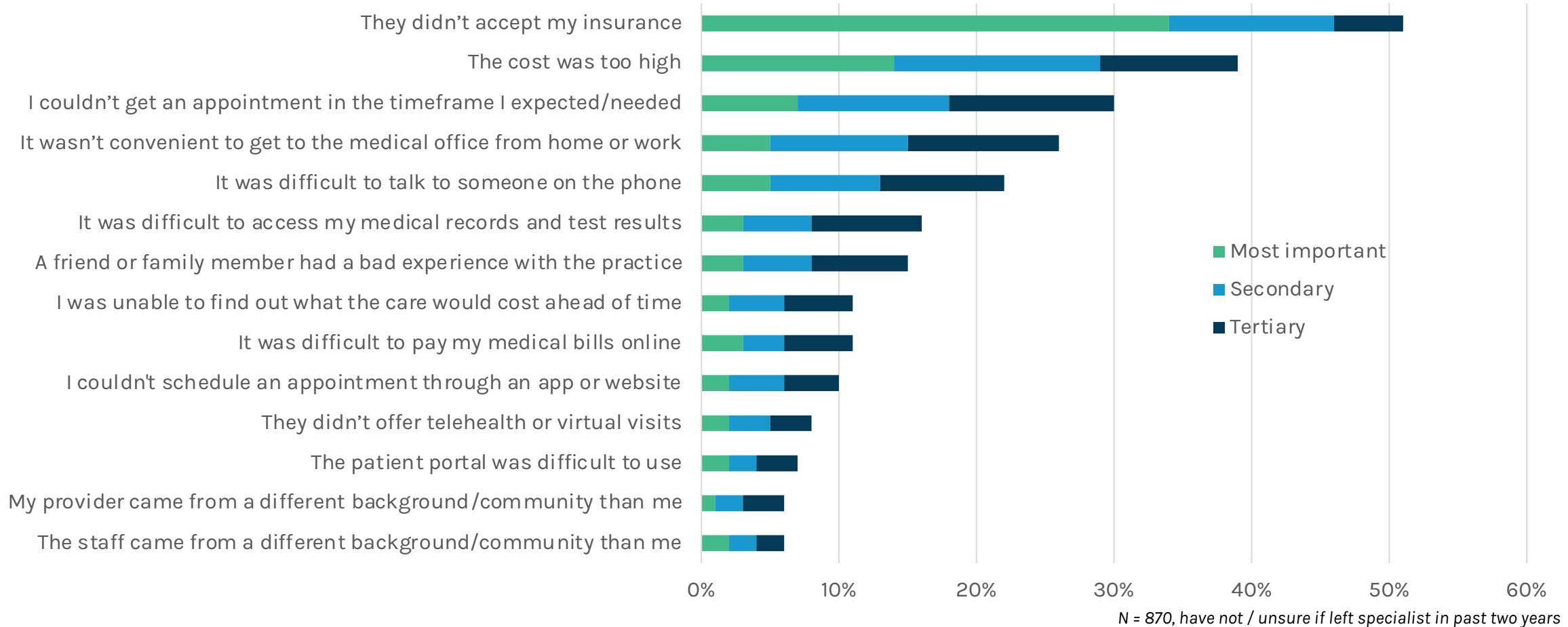
“Insurance offered by employer.”

“I didn't like her. I inherited her when the PCP I had been seeing for 30+ years retired.”

Representative examples from 217 who changed PCP

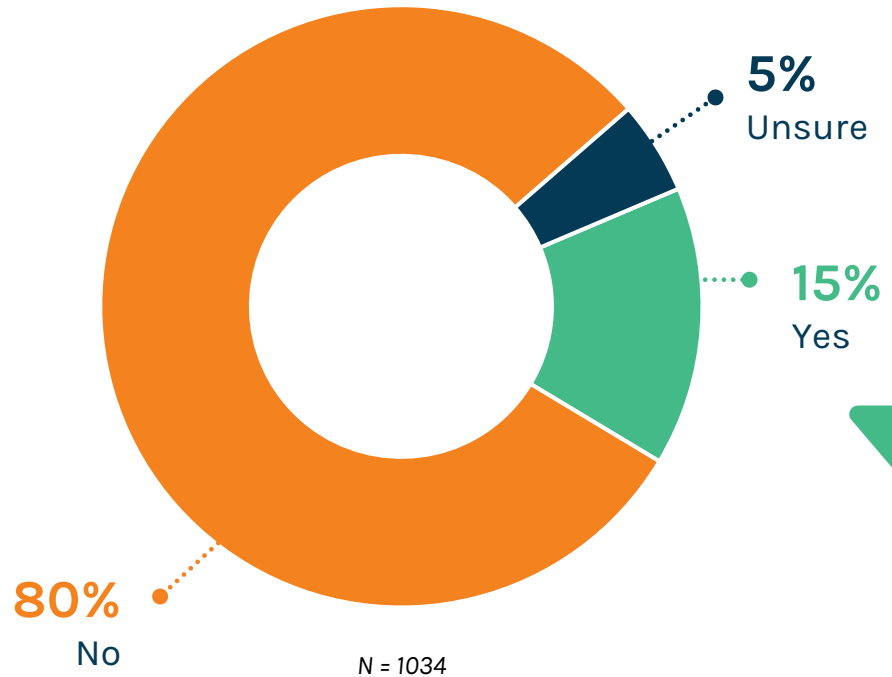
Behind insurance and cost, convenience is a priority for specialty care

Please select and rank the top three reasons why you would change to a different provider for specialty care. Think of each option as describing the specialist you were leaving.



Lack of trust was a major concern among those who switched specialists

In the past two years, have you or someone in your household changed to a different doctor for specialty care?



Why did you or someone in your household change to a different specialist?

“Because it was a little expensive.”

“Because the other wouldn't listen to concerns.”

“I wanted a second opinion.”

“I wasn't satisfied with the cardiologist's style. There was no doctor-patient chemistry.”

“Disagreement on treatment and having to wait two hours past appointment time before getting to see doctor.”

“Insurance coverage issues as well as distance. It was too far.”

“The specialist wouldn't accept my insurance any longer.”

“Specialist retired.”

“Moved to a new state.”

Insurance coverage, cost and access were among other considerations

Representative examples from 156 who changed PCP



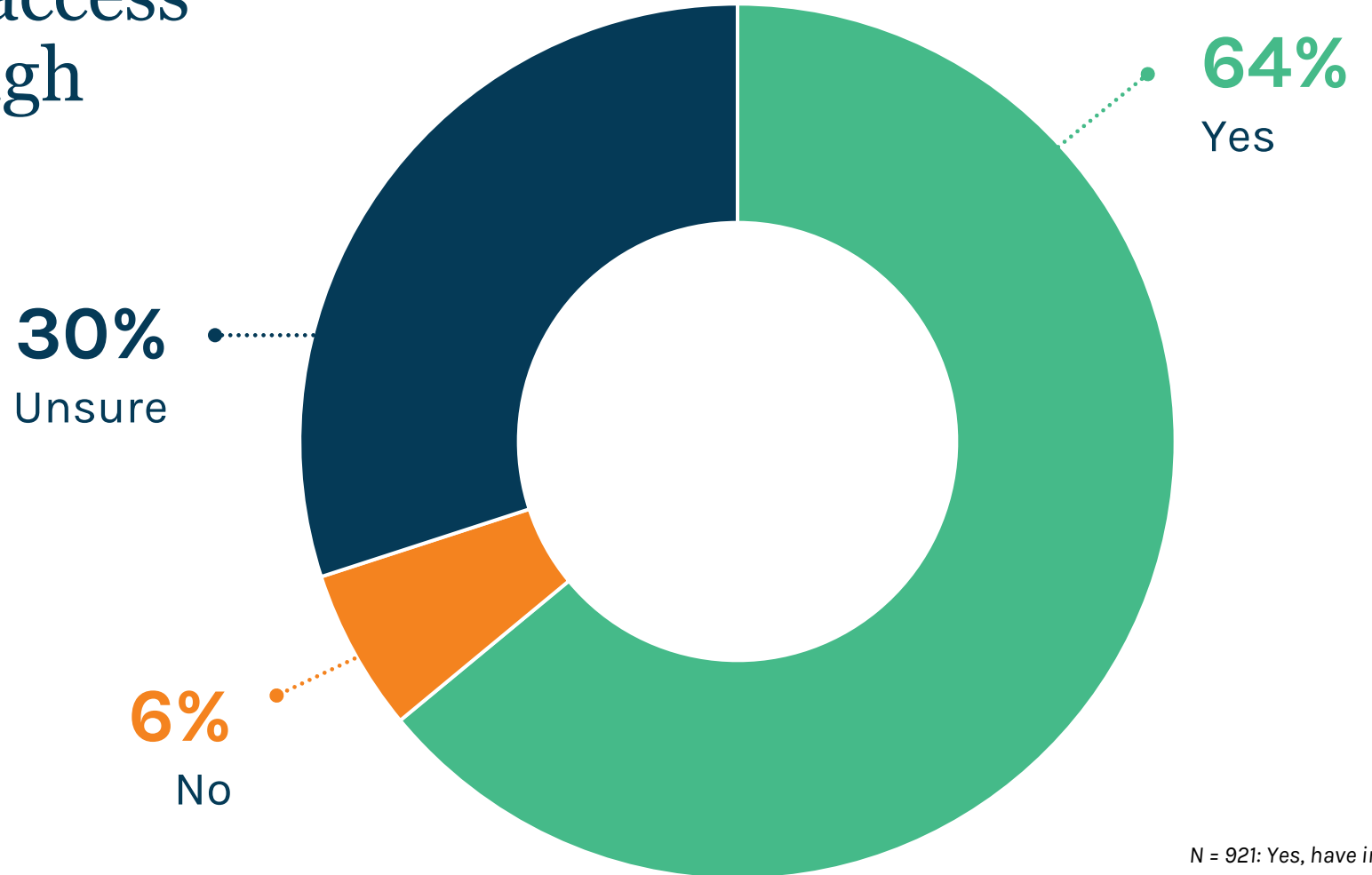
Availability and Use of Virtual Care

Consumers who use virtual care are highly satisfied. Many, however, prioritize face-to-face interaction over the convenience of telehealth.

At least two-thirds of those insured have access to virtual care through their **plan**

Increasing awareness among the three in 10 who don't know if their plan includes virtual care could be an opportunity to **improve access and lower cost.**

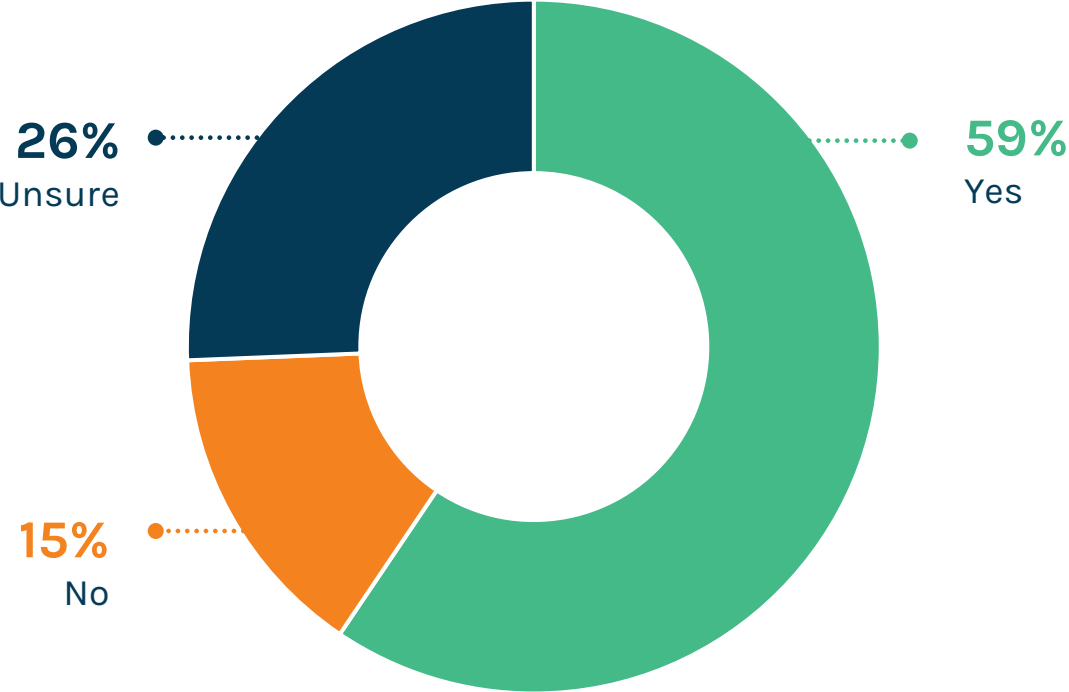
Does your healthcare benefits program or insurance offer access to virtual visits?



N = 921: Yes, have insurance

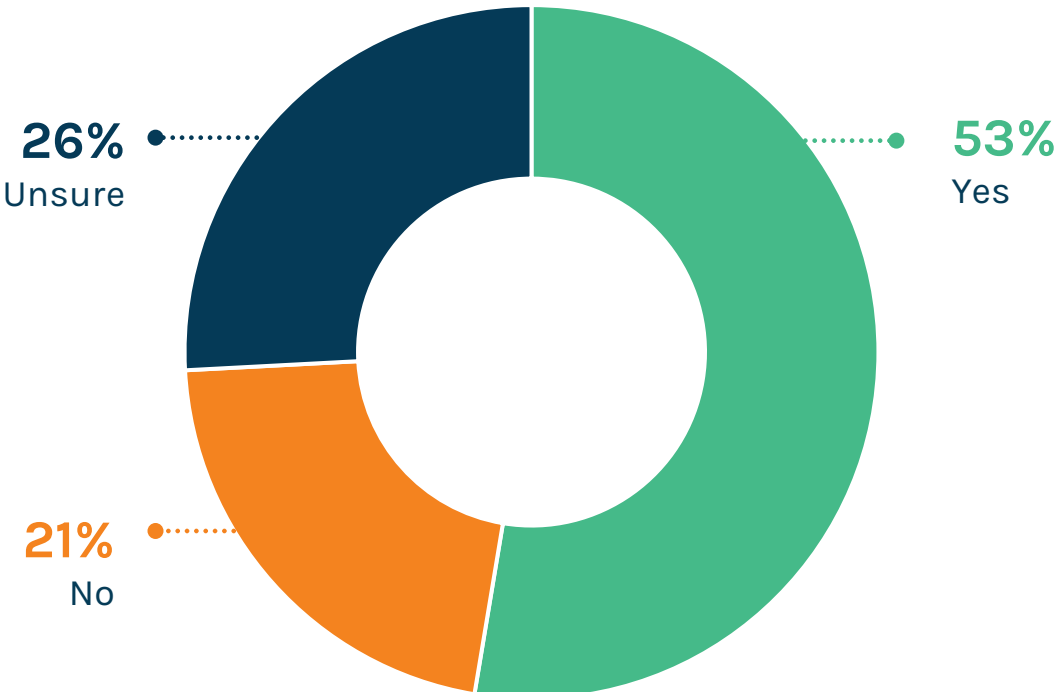
While many have access to virtual care through their **providers**, a quarter still aren't sure of their options

Does your **PCP** offer the option to receive at least some care through virtual visits?



N = 831: Yes, have PCP

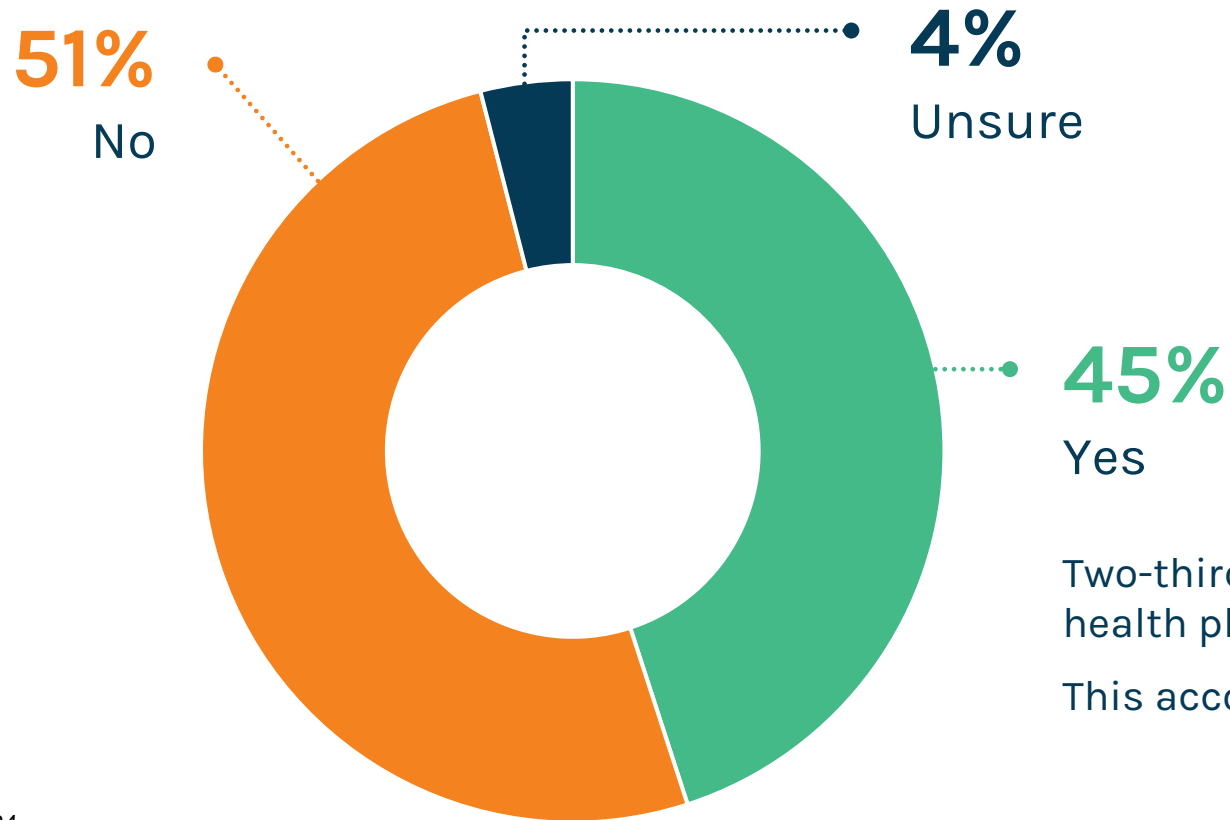
Does your **specialist** offer the option to receive at least some care through virtual visits?



N = 418: Yes, have Specialist

Just under half have recently had a virtual visit

In the past two years, have you had a virtual health appointment to receive a medical examination or consultation from a provider?



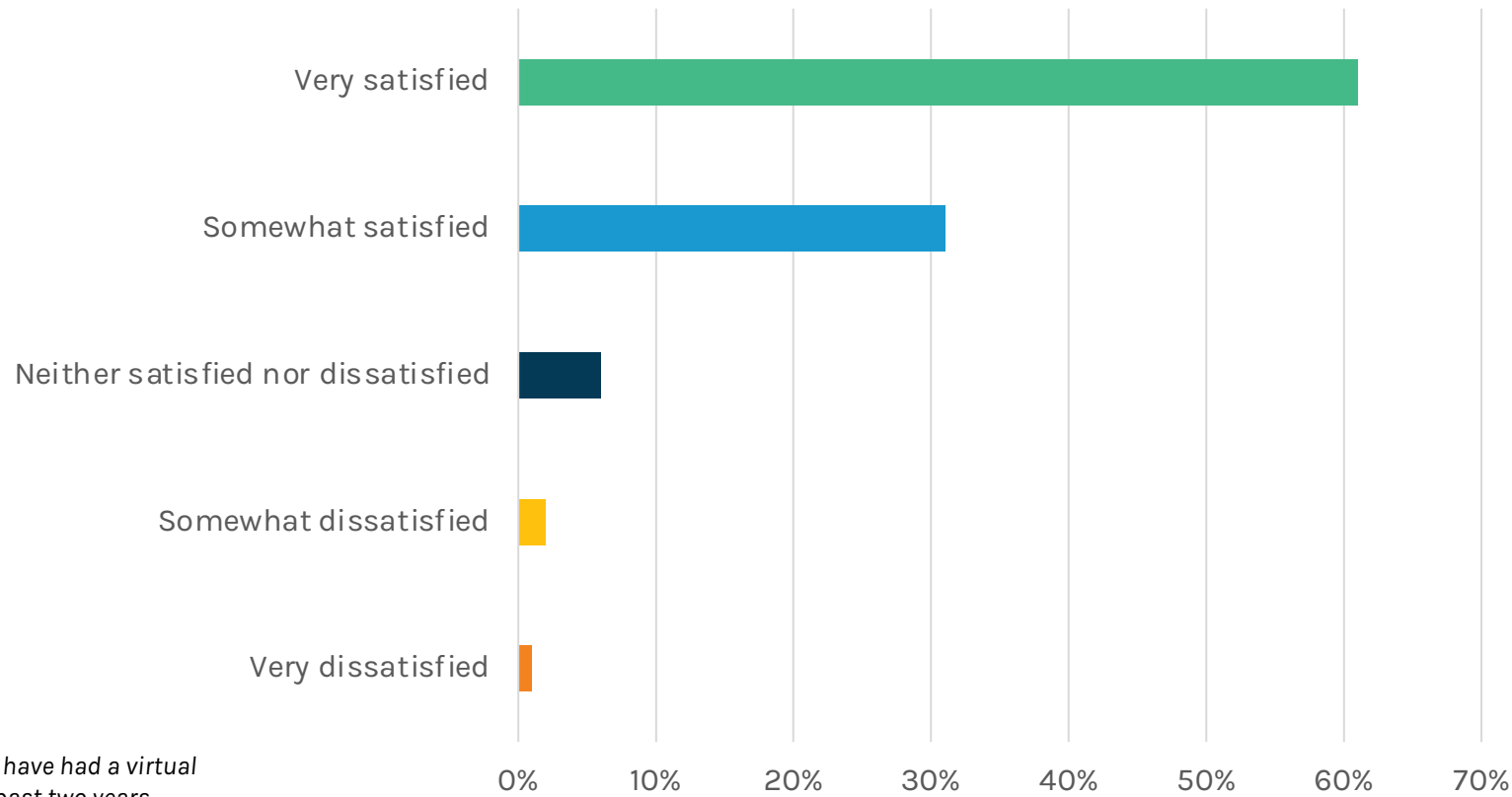
Virtual care offered by health plan	Had a virtual visit in past two years		
	Yes	No	Unsure
Yes	66%	32%	2%
No	27%	70%	4%
Unsure	16%	78%	5%
No Insurance	17%	74%	10%

Two-thirds of those who have access to and are aware of their health plan's virtual care options have used those services. This accounts for **83%** of all virtual visits.

N = 1034

More than nine in 10 of those who had a recent virtual visit were satisfied with the experience

How satisfied were you with the virtual visit experience?



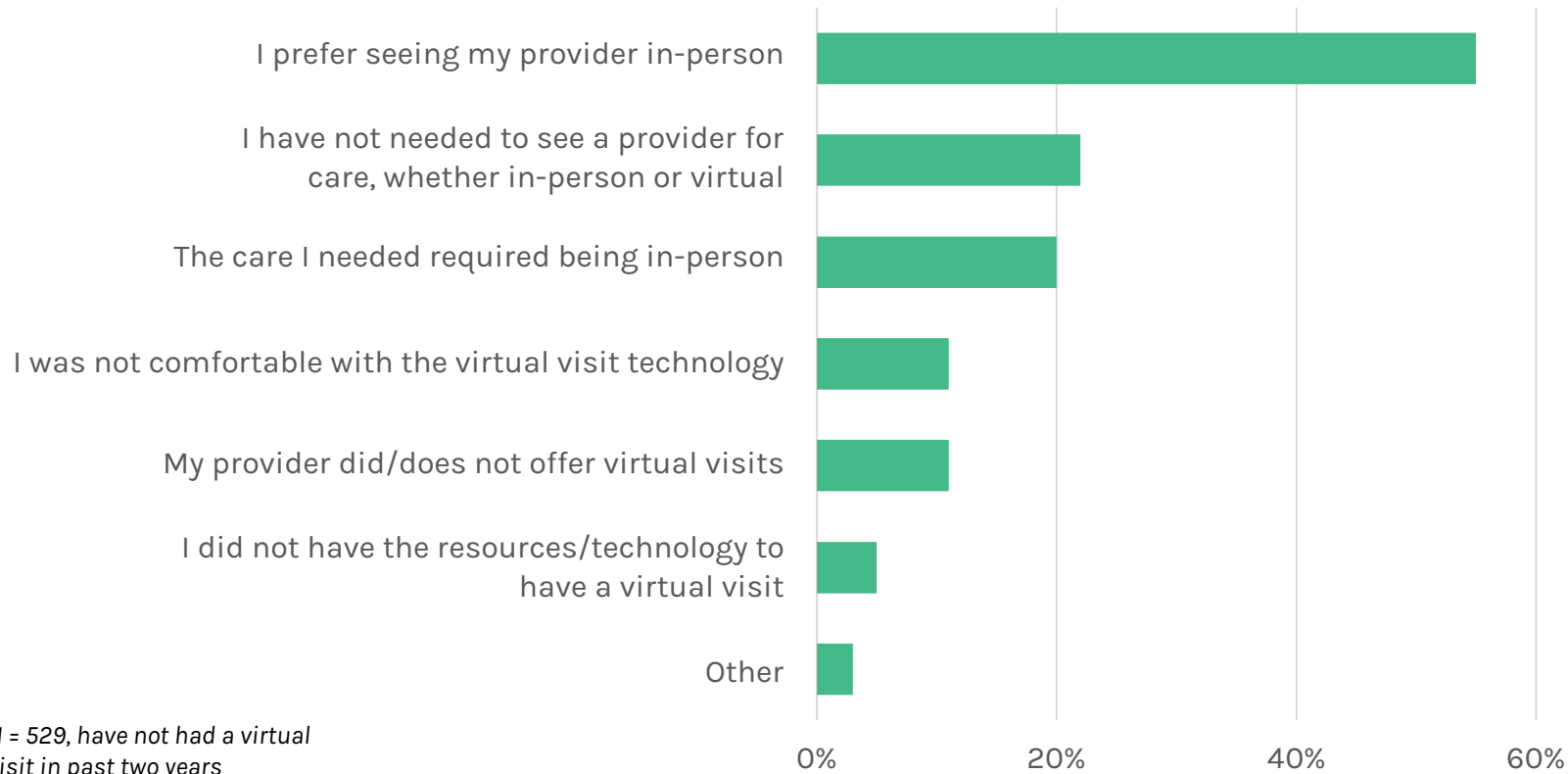
N = 466, have had a virtual visit in past two years

In the past two years, have you had a virtual health appointment to receive a medical examination or consultation from a provider?

Yes	45%	N = 466
No	51%	N = 529
Unsure	4%	N = 39

A desire for in-person care was the primary reason for opting against a virtual visit

Which of the following reasons describe why you have not received care through a virtual visit? (Select all that apply*)



N = 529, have not had a virtual visit in past two years

In the past two years, have you had a virtual health appointment to receive a medical examination or consultation from a provider?

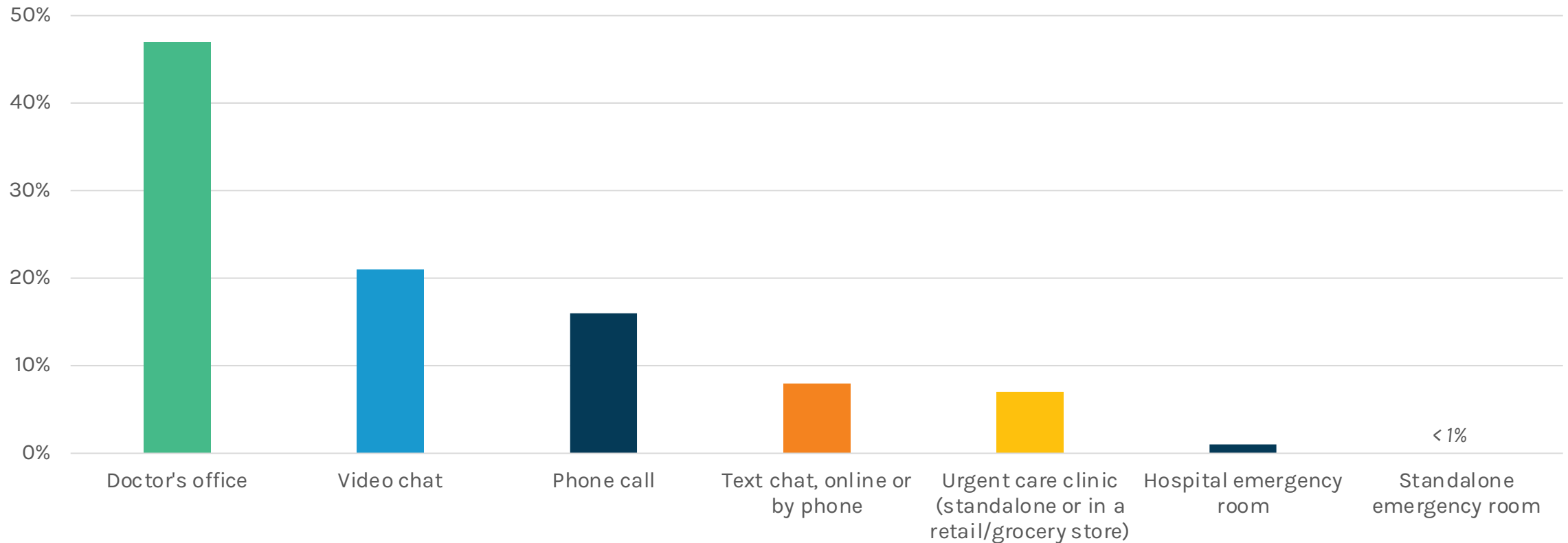
Yes	45%	N = 466
No	51%	N = 529
Unsure	4%	N = 39

*Total adds up to > 100% because respondents could select more than one option

Respondents who selected “I have not needed to see a provider for care” were prevented from selecting other options.

Preference for virtual first-touch care nearly equals that for a doctor's office visit

What is your preferred method for first receiving care when pursuing minor or routine care, such as getting a diagnosis for a cough or a minor illness?



N = 1034

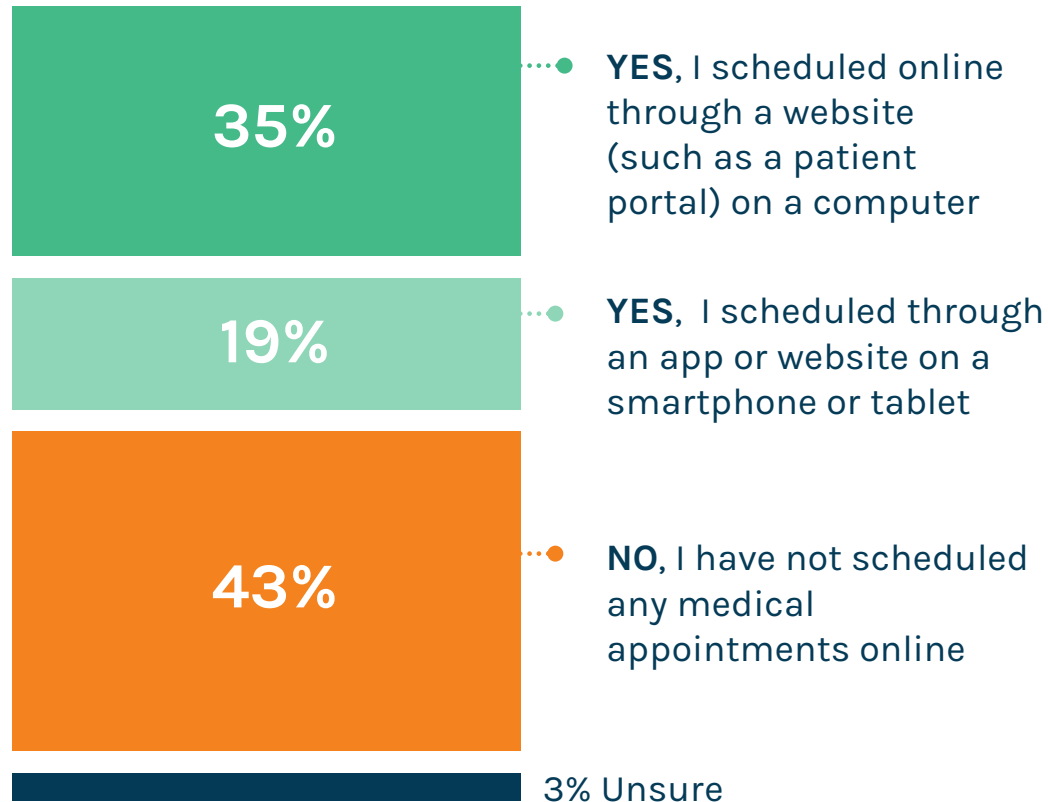


Preference for and Use of Online Scheduling

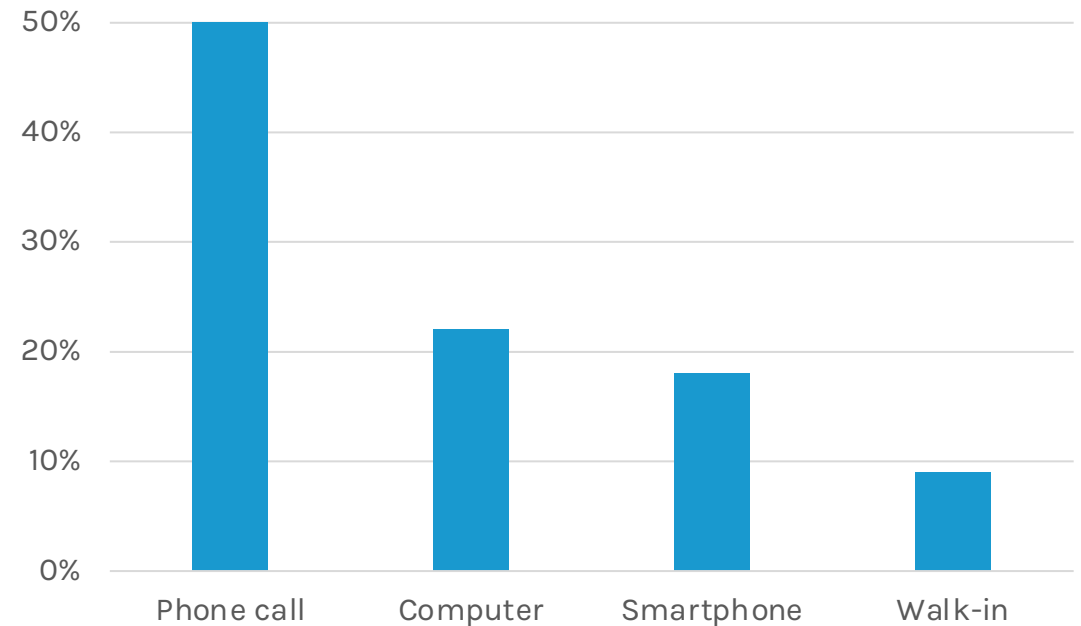
It is imperative for providers to offer options for how patients can interact with their provider. The public is split on how they prefer to set up appointments, and reasons for avoiding online options are diverse.

Patients are split on preferred scheduling method

In the past year, have you used online scheduling tools to schedule an in-person or virtual appointment?



If all options were available, what would be your preferred method for scheduling, rescheduling, or canceling routine appointments?

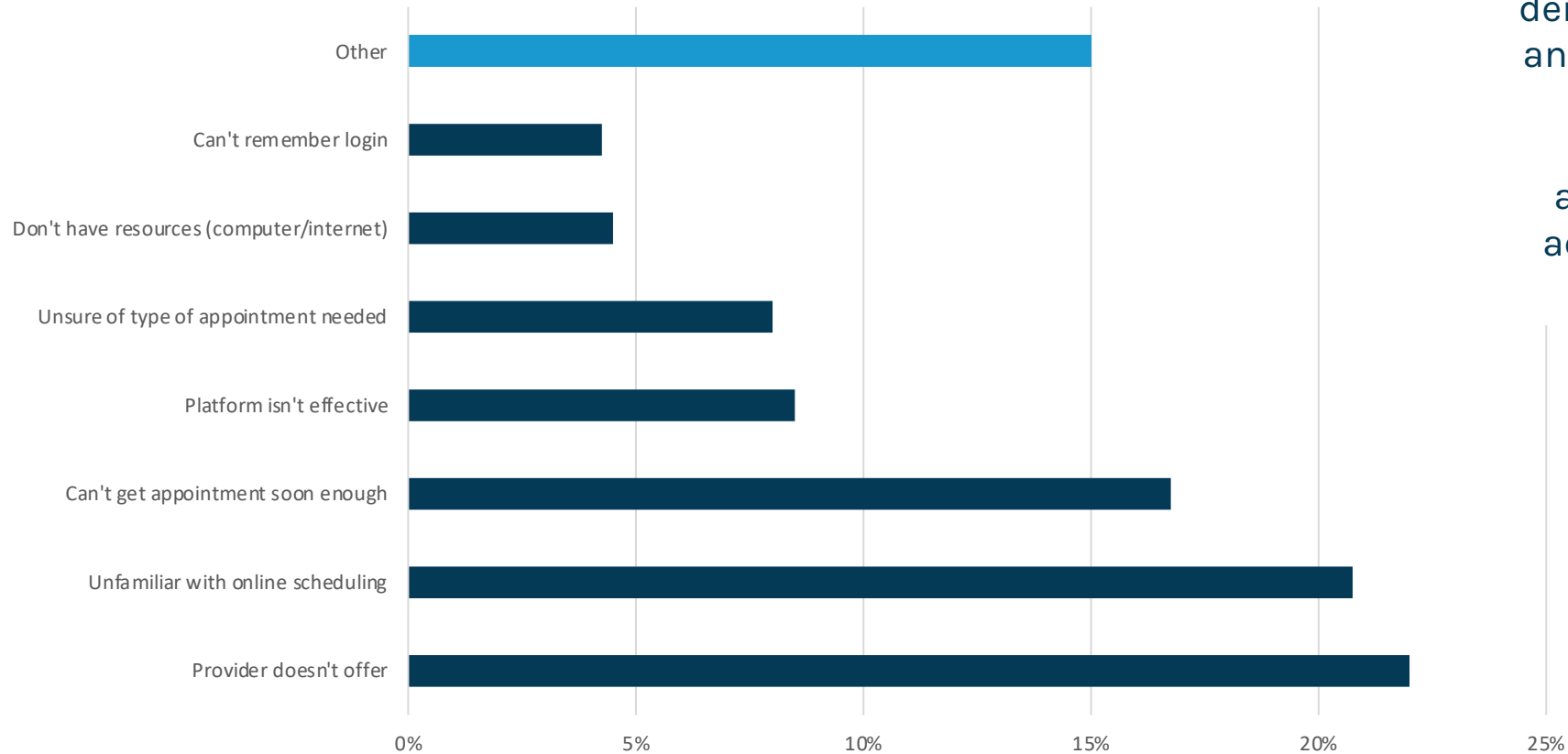


Providers need to balance these scheduling methods, maintaining or strengthening phone support while expanding use of online tools.

N = 1034

No single reason explains why patients don't use online scheduling

Which of the following reasons describe why you have you not scheduled an appointment online?



The top three reasons demonstrate that providers have an opportunity to expand access to online scheduling, provide more education to patients about its availability, and align actual appointment availability with what is offered online.



Of the 61 respondents who selected “Other,” 23 stated they scheduled their next appointment at the doctor’s office/at the conclusion of their current appointment.

N = 400: Respondents who have not used online scheduling (485) excluding those who have not needed care (85)



Availability and Use of Urgent Care

Urgent care's core value proposition – convenience – is the primary driver for use of these clinics.

Access to urgent care is high, and utilization is on par with doctors' offices

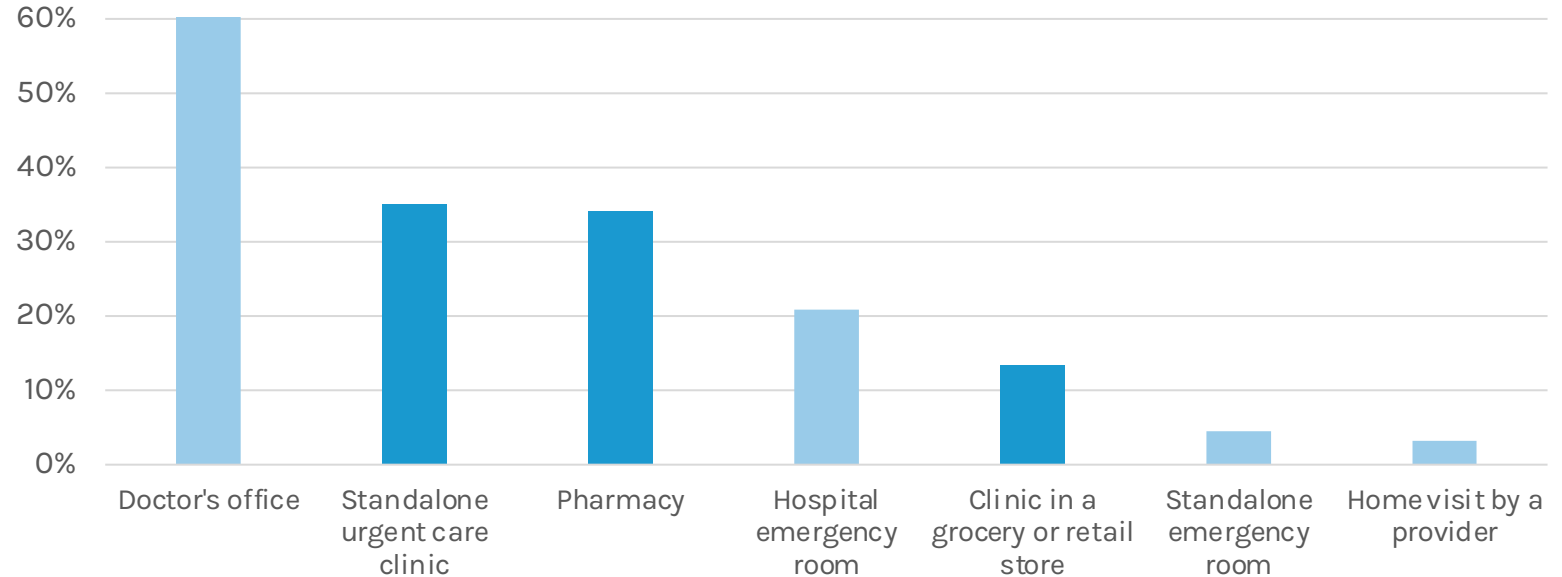
Is there an urgent care center within 15 minutes of where you live or work?

81% Yes

11% No

8% Unsure

In the past year, have you or someone in your family received care for minor medical care, such as a vaccination or to find out if you have an illness like the flu or Strep, from any of the following locations? (Select all that apply*)



N = 780, all respondents excluding those who selected "No/None of the above" (254)

*Total adds up to > 100% because respondents could select more than one option

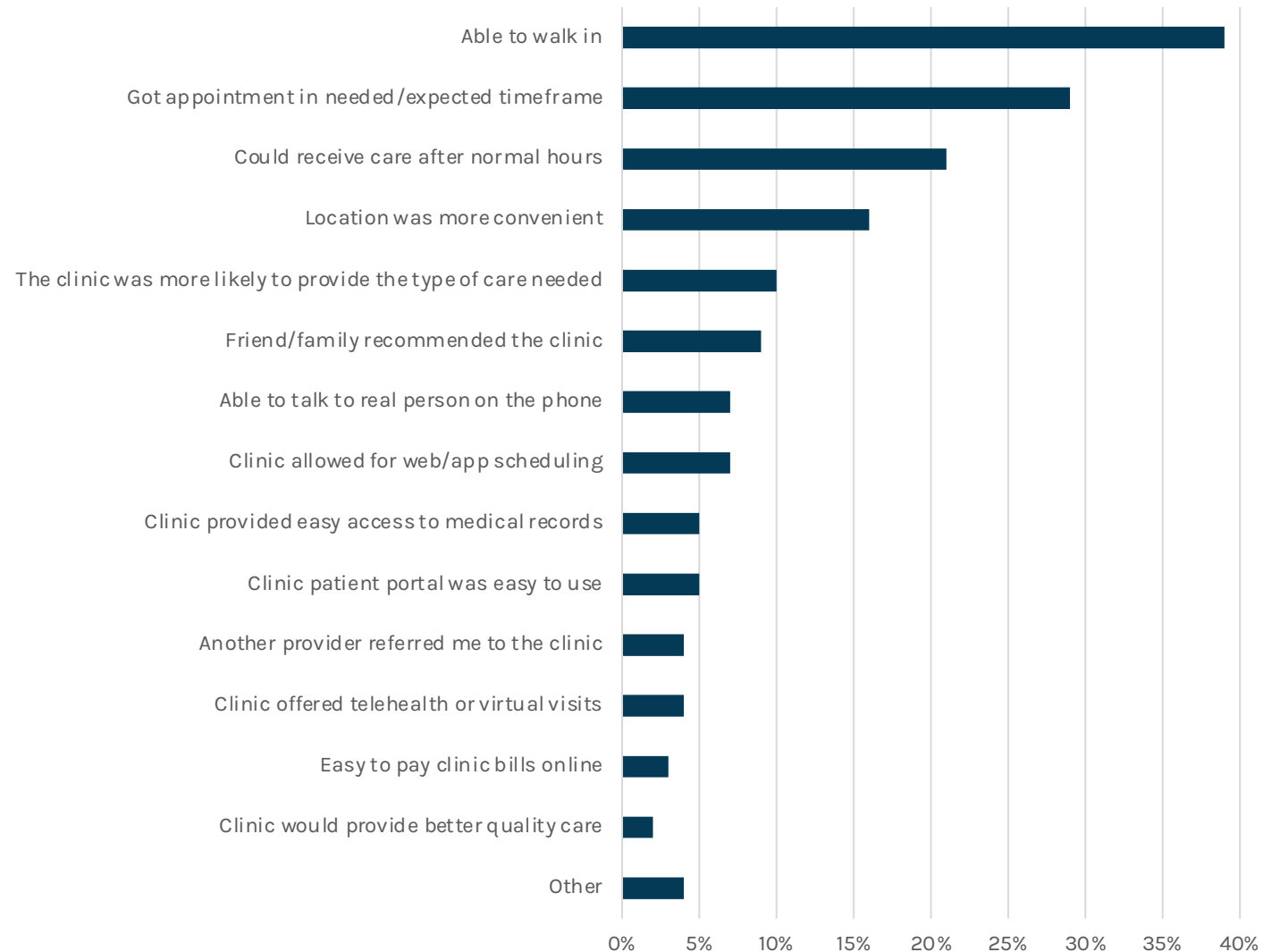
N = 1034

Convenience and timeliness are the primary reasons for using urgent care over PCP

Thinking about your visit(s) to an urgent care or retail clinic, what were the top ONE or TWO reasons that you chose to receive care at an urgent care or retail clinic instead of visiting your PCP? (Select up to two*)

N = 304, have used urgent/retail clinic & have PCP

*Total adds up to > 100% because respondents could select more than one option





Actionable Takeaways

Context and insights for Marcom leaders

The context for Marcom leaders

Patients prioritize a personal connection with their care team. A doctor who acts as a partner in health is their basis of “quality” and the fulcrum for all other efforts within a provider organization.

That earned trust underpins a set of operational and communications imperatives.

Efficiency in getting the right patients through the doors at the right time is increasingly important for providers' sustainability and growth. Particularly with the ongoing healthcare workforce shortage making it ever-more difficult to match capacity with demand.

In this moment, the role of marketing must evolve. Doing that well requires thoughtful planning around everything from the use of digital – and analogue – tools, to conversations about insurance and cost of care, to where organizations should place their emphasis for marketing messages.

The data here points to four high-level areas for Marcom leads to prioritize as part of that evolution...

Four insights for Marcom leaders

1 Know where you stand.

More and more, Marcom teams are being asked by their executive teams to build out reputation dashboards for and provide a window into how their organization is perceived by patients, the public and the media.

How is the organization viewed as a community asset? How does it compare in reputation relative to competitors? Who are the detractors? Gain this insight through regular assessments that include focus groups, interviews, surveys and competitive analysis. Doing so will provide clarity about your organization's position within both the local healthcare landscape and today's skeptical national perception of the industry.

2 Carve out a credible brand position.

That desire for a caring experience? It's not a secret. There's a reason every provider talks about compassion in their positioning. Healthcare is intimate and deeply personal. For marketers, though, this presents a challenge:

First, to ensure compassion truly is at the heart of all experiences.

Second, to define and present the uniqueness of how their organization delivers compassionate care. Marcom teams should start with understanding the data from their market about how consumers view their organization, then use that assessment to guide a brand - and employee - value position that differentiates them from the rest of the market.

Four insights for Marcom leaders

3 Connect the dots between internal operations and external promises.

Patients put little stock in awards while strongly prioritizing their experience – something Marcom does not control. Therefore, use your seat at the table to:

- Push your operations and clinical teams to deliver on Marcom’s public promises of experience.
- Tell the story of the great work being done at your organization – thoughtfully choosing what services and clinicians are highlighted and how they’re positioned in marketing materials.

4 Put Digital in perspective.

Much of your patient population appreciates online and virtual platforms – tools that simplify and add convenience to their care experience. Still, about half prefer analog, such as calling for appointments and having in-person clinical visits.

Provider organizations should continue to strengthen phone-based support, while investing in technology to bring an often-frustrating digital healthcare experience up to the level that people have come to expect from other areas of life.

Meanwhile, Marcom should be consistent in highlighting both options, showing prospective patients that, whatever their preference, they will have an outstanding, smooth experience from scheduling to receiving care.

Ready to assess your organization's reputation and evaluate how patients want to access your care?

We can help.

[Jarrardinc.com/contact](https://jarrardinc.com/contact)

About us

Our mission is to make healthcare better through our work.

With offices in the healthcare hubs of Nashville and Chicago, Jarrard Inc. is a specialized healthcare consulting firm devoted to helping leaders during high-stakes moments of change, challenge and opportunity. We use the power of communications, marketing and political strategy to help our clients achieve their most important goals.

Founded in 2006, the firm has worked with more than 1,000 clients in 45+ states and served as a communications adviser on more than \$75 billion in announced M&A and partnership transaction communications. The firm focuses on change management, issues and advocacy and strategic positioning. Jarrard Inc. is a division of Chartis, one of the nation's leading healthcare advisory firms.



Field Dates: 3/29/24-4/7/24

N = 1034 U.S. Adults 18+

Margin of error: $\pm 3\%$

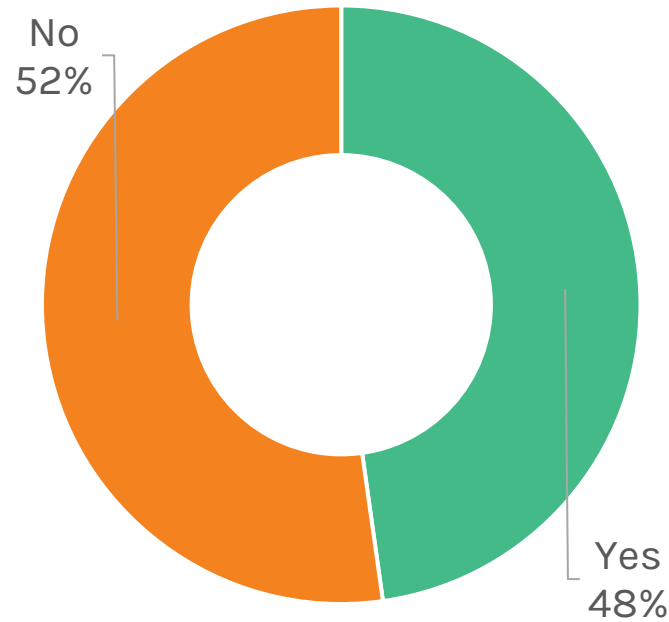
2024 NATIONAL CONSUMER SURVEY SERIES: ACCESS & CHOICE

Supplement & Crosstabs

TOTAL Missed care

In the past year, have you or anyone in your household missed or avoided healthcare

TOTAL SAMPLE (N=1034)

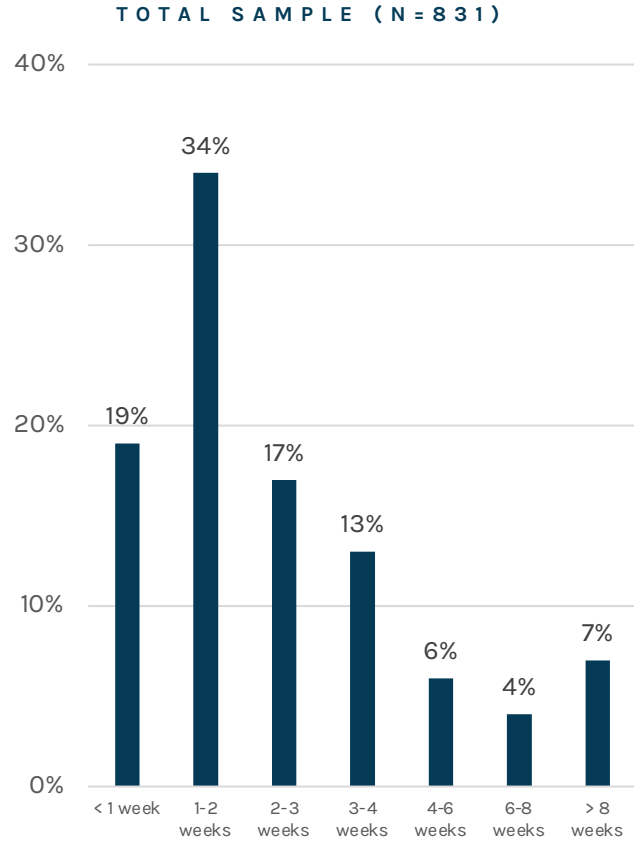


		Yes	No	Sample size
Gender	Women	50%	50%	581
	Men	44%	56%	453
Age	18-34	65%	35%	274
	35-44	60%	40%	161
	45-54	52%	48%	163
	55-64	39%	61%	220
	65+	23%	77%	216
Race/Ethnicity	Caucasian or White	43%	57%	715
	African American or Black	55%	45%	132
	Hispanic or Latino	66%	34%	105
	Asian or Pacific American	62%	38%	52
	American Indian or Alaska Native	40%	60%	10
	Other	55%	45%	20
Socioeconomic Status	Poor	55%	45%	142
	Working Class	53%	47%	314
	Middle Class	43%	57%	453
	Upper Middle Class	41%	59%	93
	Well-to-do	63%	38%	32
Area	Urban	60%	40%	289
	Suburban	44%	56%	501
	Rural	42%	58%	244
Insurance	Private Insurance	53%	47%	575
	Medicare	30%	70%	196
	Medicaid	45%	55%	91
	Other	57%	43%	113
	No Insurance	44%	56%	59

EXPECTATIONS FOR

Routine primary care

Imagine scheduling a routine/preventive appointment with your current PCP (e.g., yearly physical, flu shot). How long would you be willing to wait to be seen by your current PCP or another provider in the practice, before seeking care elsewhere?



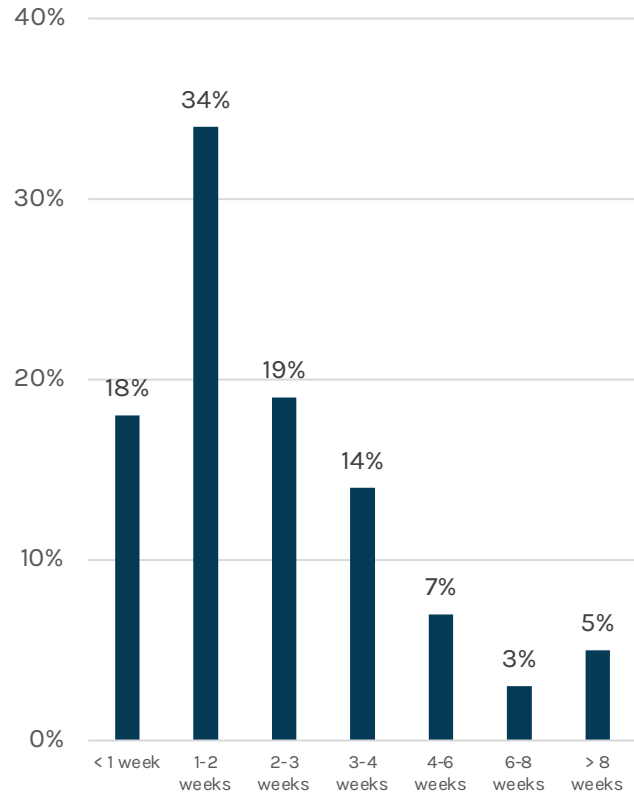
	<1 week	1-2 weeks	2-3 weeks	3-4 weeks	4-6 weeks	6-8 weeks	> 8 weeks	Sample size	
Gender	Women	17%	32%	17%	13%	6%	5%	9%	463
	Men	20%	36%	17%	14%	7%	2%	5%	368
Age	18-34	16%	32%	24%	15%	5%	4%	4%	183
	35-44	21%	34%	18%	10%	6%	3%	7%	124
	45-54	23%	31%	13%	13%	6%	5%	9%	128
	55-64	14%	38%	15%	13%	8%	4%	9%	191
	65+	21%	34%	16%	13%	6%	4%	6%	205
Race/Ethnicity	Caucasian or White	17%	34%	17%	12%	8%	4%	8%	596
	African American or Black	20%	36%	17%	15%	4%	5%	4%	101
	Hispanic or Latino	25%	28%	21%	17%	3%	1%	4%	71
	Asian or Pacific American	21%	40%	17%	14%	0%	5%	2%	42
	American Indian or Alaska Native	33%	17%	33%	17%	0%	0%	0%	6
	Other	13%	40%	7%	27%	0%	0%	13%	15
Socioeconomic Status	Poor	30%	33%	13%	4%	6%	2%	11%	89
	Working Class	13%	39%	19%	9%	8%	5%	8%	244
	Middle Class	21%	31%	16%	18%	6%	4%	6%	388
	Upper Middle Class	14%	36%	22%	13%	4%	2%	8%	83
	Well-to-do	15%	33%	19%	11%	7%	11%	4%	27
Area	Urban	25%	35%	13%	12%	6%	2%	6%	220
	Suburban	15%	34%	20%	14%	6%	5%	7%	414
	Rural	17%	33%	16%	13%	8%	4%	10%	197
Insurance	Private Insurance	17%	35%	17%	15%	6%	4%	6%	492
	Medicare	19%	34%	17%	12%	8%	3%	8%	185
	Medicaid	31%	32%	17%	1%	6%	4%	8%	77
	Other	14%	32%	20%	16%	4%	4%	10%	50
	No Insurance	15%	26%	19%	11%	7%	7%	15%	27

EXPECTATIONS FOR

Seeing new PCP

Imagine you are seeking care with a new primary care provider. How long would you be willing to wait to get an appointment with your first choice or preferred PCP before seeking care with another provider?

TOTAL SAMPLE (N=1034)

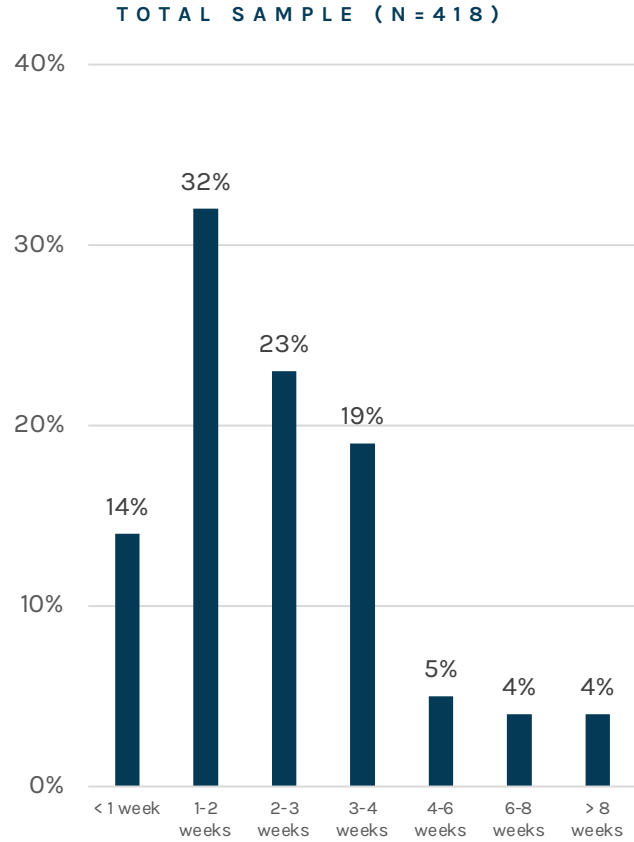


		<1 week	1-2 weeks	2-3 weeks	3-4 weeks	4-6 weeks	6-8 weeks	> 8 weeks	Sample size
Gender	Women	18%	33%	19%	15%	8%	2%	5%	581
	Men	19%	36%	18%	12%	6%	4%	5%	453
Age	18-34	18%	33%	21%	13%	8%	4%	4%	274
	35-44	21%	35%	17%	16%	4%	2%	6%	161
	45-54	21%	32%	19%	12%	6%	2%	7%	163
	55-64	16%	33%	20%	12%	9%	3%	7%	220
	65+	17%	38%	17%	15%	6%	3%	4%	216
Race/Ethnicity	Caucasian or White	17%	33%	20%	14%	8%	3%	6%	715
	African American or Black	20%	34%	17%	15%	5%	3%	5%	132
	Hispanic or Latino	26%	39%	17%	10%	2%	4%	3%	105
	Asian or Pacific American	19%	44%	15%	8%	6%	4%	4%	52
	American Indian or Alaska Native	20%	70%	0%	10%	0%	0%	0%	10
	Other	15%	20%	20%	40%	0%	0%	5%	20
Socioeconomic Status	Poor	34%	31%	16%	9%	4%	0%	6%	142
	Working Class	17%	35%	19%	12%	8%	4%	7%	314
	Middle Class	15%	37%	20%	15%	8%	2%	4%	453
	Upper Middle Class	16%	26%	20%	16%	3%	9%	10%	93
	Well-to-do	22%	31%	16%	28%	3%	0%	0%	32
Area	Urban	21%	39%	14%	10%	7%	3%	6%	289
	Suburban	17%	34%	20%	14%	7%	4%	5%	501
	Rural	18%	30%	22%	17%	7%	2%	5%	244
Insurance	Private Insurance	16%	35%	18%	15%	8%	3%	5%	575
	Medicare	17%	33%	21%	17%	6%	2%	3%	196
	Medicaid	29%	34%	15%	10%	3%	1%	8%	91
	Other	7%	37%	25%	12%	5%	3%	10%	59
	No Insurance	33%	30%	17%	5%	3%	4%	9%	113

EXPECTATIONS FOR

Seeing new specialist

Imagine you are seeking care with a new specialist provider (for example, a cardiologist). How long would you be willing to wait to get an appointment with your first choice or preferred specialist before seeking care with another provider?

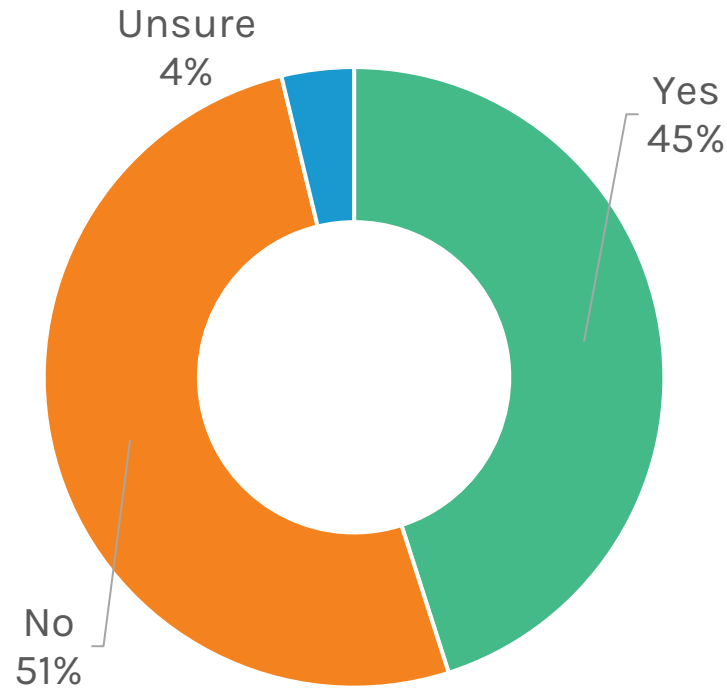


		<1 week	1-2 weeks	2-3 weeks	3-4 weeks	4-6 weeks	6-8 weeks	> 8 weeks	Sample size
Gender	Women	14%	24%	23%	23%	5%	6%	5%	223
	Men	13%	41%	23%	15%	5%	2%	2%	195
Age	18-34	9%	26%	29%	21%	7%	7%	2%	92
	35-44	16%	36%	20%	16%	9%	2%	2%	56
	45-54	17%	29%	23%	17%	0%	2%	12%	52
	55-64	13%	32%	22%	17%	4%	6%	5%	98
	65+	15%	36%	19%	23%	4%	2%	2%	120
Race/Ethnicity	Caucasian or White	14%	31%	23%	19%	5%	4%	4%	312
	African American or Black	16%	29%	24%	22%	2%	2%	4%	49
	Hispanic or Latino	10%	40%	13%	17%	7%	7%	7%	30
	Asian or Pacific American	16%	37%	16%	21%	5%	5%	0%	19
	American Indian or Alaska Native	0%	100%	0%	0%	0%	0%	0%	2
	Other	0%	17%	50%	33%	0%	0%	0%	6
Socioeconomic Status	Poor	13%	29%	27%	13%	4%	4%	9%	45
	Working Class	14%	32%	21%	17%	5%	5%	5%	118
	Middle Class	13%	31%	24%	23%	5%	2%	2%	194
	Upper Middle Class	12%	37%	15%	22%	2%	7%	5%	41
	Well-to-do	15%	35%	30%	10%	5%	5%	0%	20
Area	Urban	14%	30%	25%	22%	3%	3%	3%	118
	Suburban	12%	32%	23%	18%	5%	5%	4%	202
	Rural	15%	35%	18%	18%	6%	3%	4%	98
Insurance	Private Insurance	15%	33%	22%	17%	6%	5%	3%	240
	Medicare	14%	27%	25%	25%	4%	2%	3%	110
	Medicaid	15%	27%	21%	21%	0%	6%	9%	33
	Other	7%	48%	15%	15%	4%	4%	7%	27
	No Insurance	0%	38%	38%	13%	0%	0%	13%	8

USE OF Virtual care

In the past two years, have you had a virtual health appointment to receive a medical examination or consultation from a provider?

TOTAL SAMPLE (N=1034)



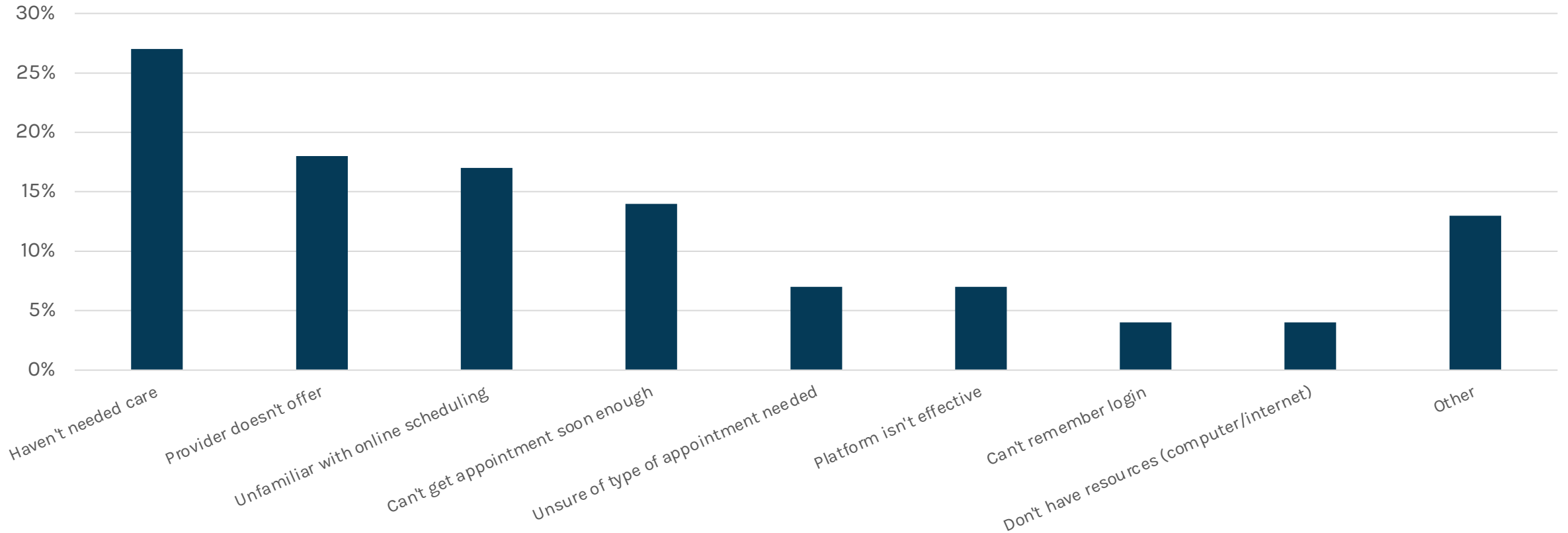
	Yes	No	Unsure	Sample size	
Wait for PCP – Routine Care	< 1 week	51%	47%	2%	154
	1-2 weeks	49%	49%	2%	281
	2-3 weeks	54%	43%	3%	143
	3-4 weeks	61%	36%	3%	109
	4-6 weeks	55%	40%	6%	53
	6-8 weeks	38%	53%	9%	32
	> 8 weeks	36%	63%	2%	59
	TOTAL	51%	46%	3%	831
Wait for PCP – Urgent Care	Same day	53%	45%	3%	224
	1 day	49%	50%	1%	288
	2-3 days	55%	41%	4%	227
	4-7 days	40%	48%	12%	58
	7-14 days	56%	44%	0%	18
	> 2 weeks	25%	75%	0%	16
	TOTAL	51%	46%	3%	831

REASONS FOR

Not using online scheduling*

Which of the following reasons describe why you have you not scheduled an appointment online?

TOTAL SAMPLE (N = 485)

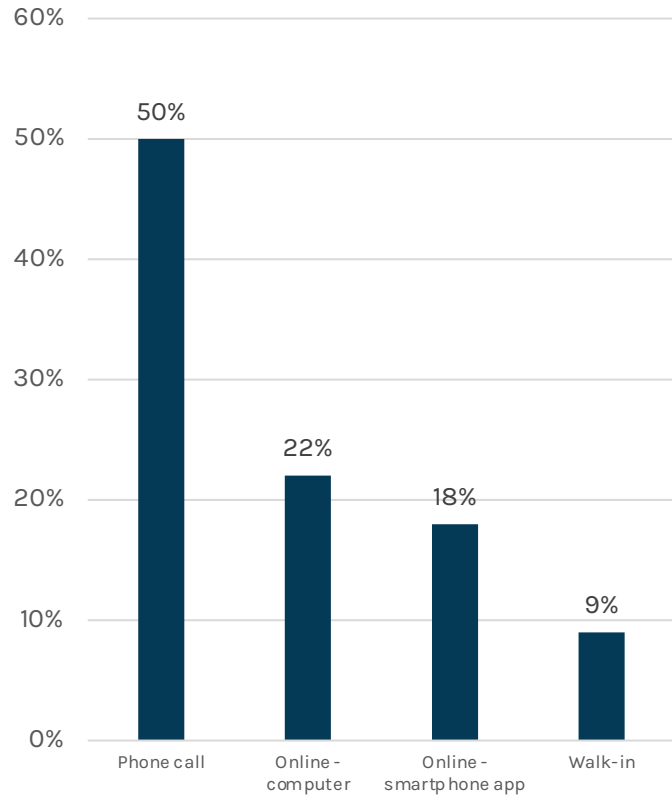


*Including those who haven't needed care

PREFERENCE FOR Scheduling method

If all options were available, what would be your preferred method for scheduling, rescheduling, or canceling routine appointments?

TOTAL SAMPLE (N=1034)

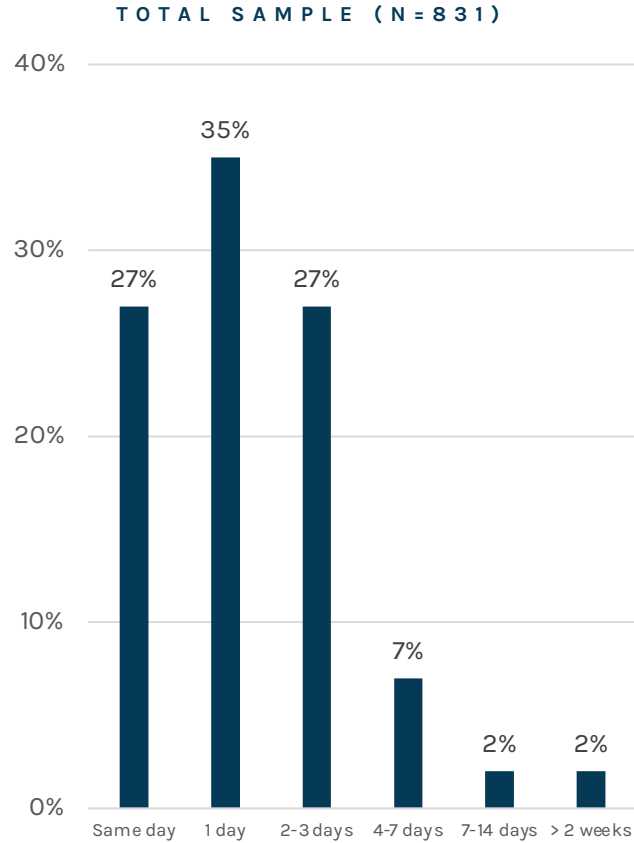


		Phone	Computer	Smartphone	Walk-In	Sample size
Gender	Women	45%	22%	23%	10%	581
	Men	56%	23%	12%	9%	453
Age	18-34	36%	22%	26%	15%	274
	35-44	45%	20%	25%	10%	161
	45-54	50%	21%	20%	9%	163
	55-64	55%	25%	15%	5%	220
	65+	67%	22%	5%	6%	216
Race/Ethnicity	Caucasian or White	54%	23%	16%	8%	715
	African American or Black	43%	22%	20%	14%	132
	Hispanic or Latino	44%	16%	27%	13%	105
	Asian or Pacific American	35%	27%	25%	13%	52
	American Indian or Alaska Native	60%	20%	10%	10%	10
	Other	35%	35%	20%	10%	20
Socioeconomic Status	Poor	59%	14%	14%	13%	142
	Working Class	51%	20%	20%	9%	314
	Middle Class	46%	26%	19%	9%	453
	Upper Middle Class	52%	28%	16%	4%	93
	Well-to-do	63%	16%	9%	13%	32
Area	Urban	49%	19%	21%	10%	289
	Suburban	49%	25%	18%	8%	501
	Rural	55%	20%	14%	11%	244
Insurance	Private Insurance	46%	24%	23%	7%	575
	Medicare	64%	22%	7%	6%	196
	Medicaid	63%	14%	16%	7%	91
	Other	42%	32%	20%	5%	59
	No Insurance	42%	16%	13%	29%	113

EXPECTATIONS FOR

Urgent care

Imagine scheduling an urgent appointment (e.g., sick appointment) with your current PCP. How long would you be willing to wait to be seen by your current PCP or another provider in the practice, before seeking care elsewhere?



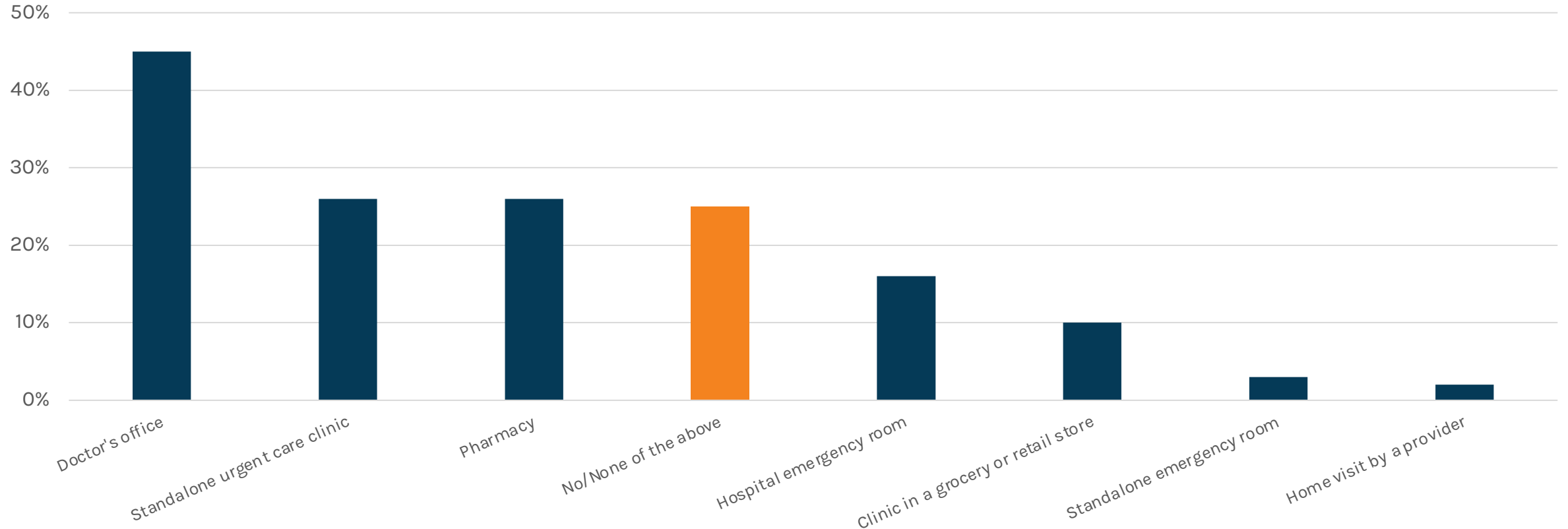
		Same day	1 day	2-3 days	4-7 days	7-14 days	> 2 weeks	Sample size
Gender	Women	29%	35%	25%	7%	2%	2%	463
	Men	25%	34%	30%	7%	2%	2%	368
Age	18-34	19%	26%	39%	11%	4%	1%	183
	35-44	31%	26%	33%	7%	1%	2%	124
	45-54	30%	34%	23%	6%	2%	5%	128
	55-64	29%	40%	21%	5%	3%	2%	191
	65+	28%	43%	21%	5%	1%	1%	205
Race/Ethnicity	Caucasian or White	25%	38%	27%	7%	2%	1%	596
	African American or Black	31%	26%	33%	5%	4%	2%	101
	Hispanic or Latino	28%	27%	31%	10%	0%	4%	71
	Asian or Pacific American	38%	19%	26%	10%	2%	5%	42
	American Indian or Alaska Native	33%	67%	0%	0%	0%	0%	6
	Other	27%	27%	13%	20%	7%	7%	15
Socioeconomic Status	Poor	38%	26%	25%	8%	1%	2%	89
	Working Class	25%	36%	26%	7%	4%	2%	244
	Middle Class	27%	34%	29%	6%	2%	2%	388
	Upper Middle Class	24%	47%	17%	7%	2%	2%	83
	Well-to-do	22%	15%	52%	11%	0%	0%	27
Area	Urban	30%	29%	32%	6%	2%	2%	220
	Suburban	36%	27%	25%	8%	2%	2%	414
	Rural	38%	27%	26%	6%	2%	2%	197
Insurance	Private Insurance	31%	31%	27%	7%	3%	2%	492
	Medicare	46%	21%	24%	7%	1%	2%	185
	Medicaid	34%	25%	35%	5%	0%	1%	77
	Other	34%	24%	26%	6%	8%	2%	50
	No Insurance	26%	22%	30%	15%	0%	7%	27

USE OF

Different care models for minor/routine care*

In the past year, have you or someone in your family received care for minor medical care, such as a vaccination or to find out if you have an illness like the flu or Strep, from any of the following locations?

TOTAL SAMPLE (N=1034)



*Including those who haven't needed care