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2026 HOW THE U.S. CONSUMER SELECTS A PROVIDER AND HEALTH SYSTEM STUDY

NPs and PAs Can Cool Doctor Burnout, but Only if the Health System Takes Patient-to-Provider Orientations Seriously

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Deft Research recently published the 2026 How the U.S. Consumer Selects a Provider and Health System Study—Deft's deep dive into the factors that matter the most when patients are deciding where to seek care. As the crack between providers and payors has grown into a full-blown chasm, with runaway commercial group premiums and lower CMS reimbursement wreaking havoc between the two stakeholders, both parties on the business end of healthcare need to thoroughly understand what does and does not matter to today's consumer when deciding where to obtain care. Care delivery organizations and carriers alike will benefit from the study's nearly 90 pages of penetrating insights around the influences of PCP satisfaction, what matters to various segments of adults most when searching for new providers, what is most important in health system selection, and the future of direct primary care. The report even provides detailed analysis of the provider attributes adults value, undervalue, and overvalue through a simulated PCP selection exercise.

Below is just one interesting slide and discussion from the full report that relates to setting expectations with patients prior to visits.

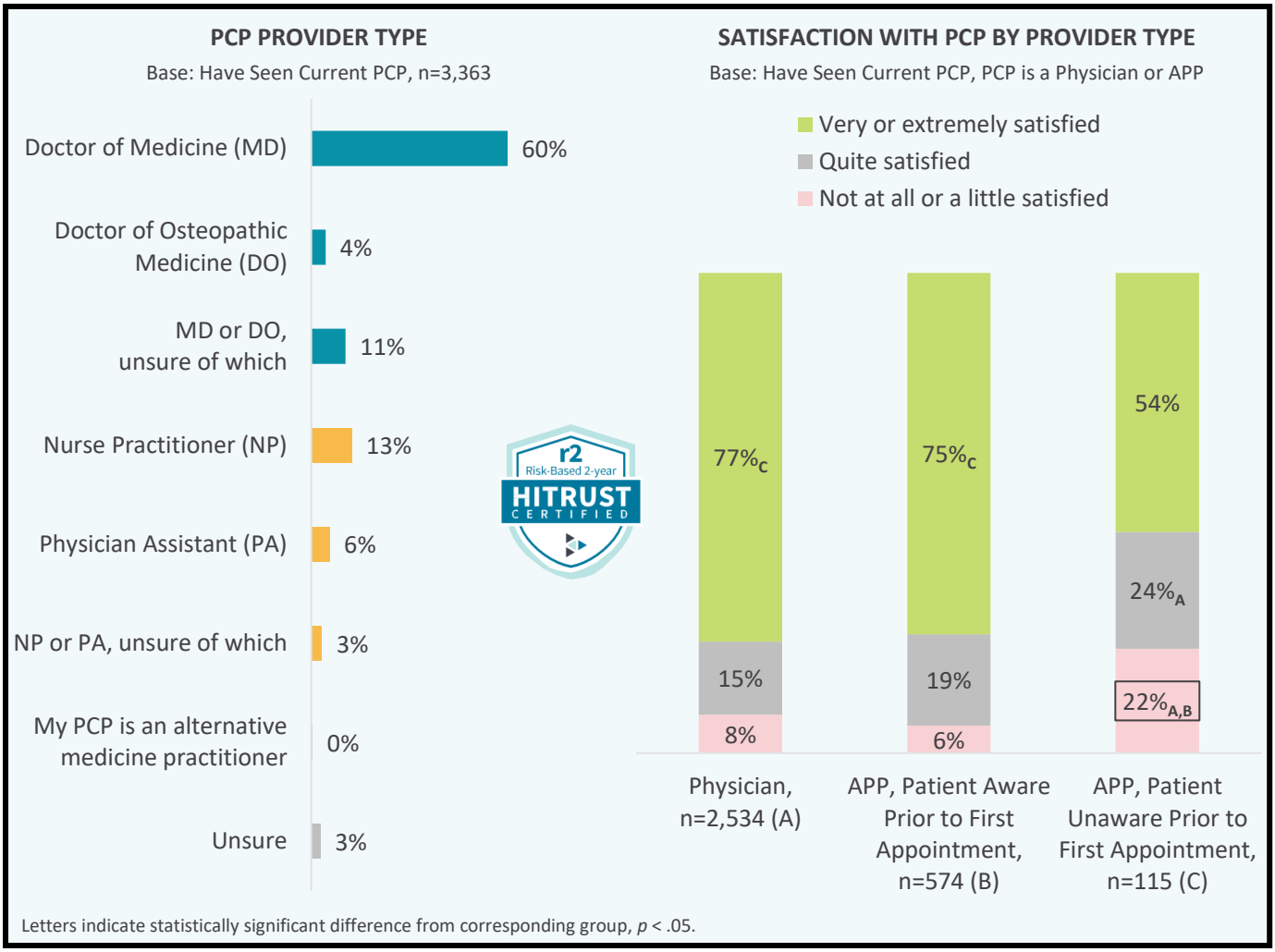
Today's physician faces a daunting schedule. They may not be as harried as they were in the post-COVID years, but burnout rates are still north of 40%, and with 38% of patient-facing doctors aged 55 and older—and thus nearing retirement age—pushing them too far past their comfortable limit is a dangerous game for care delivery organizations and carriers alike[1][2]. When driving patient volume is still the only way to better financial performance in this fee-for-service healthcare world we live in (how, again, is that still the case?), the desire to balloon panels and auto-assign more members is a temptress too hard to ignore. But when a teetering doctor goes over the edge and "shrugs like Atlas," the resulting patient panel he or she leaves behind makes the working conditions of the other providers in the practice that much less tolerable.

Thus, the cycle of burnout continues.

[1] American Medical Association, 2025 National Physician Comparison Report, April 2026.
[2] American Medical Association, Physicians and Students Workforce Statistics, July 2026.

Unless, of course, the care delivery organization is particularly adept at recruiting and hiring APPs (advanced practice providers). These NPs and PAs are critical components of any care team and can lessen the load that today's overtaxed doctors feel is untenable. Most patients welcome the earlier appointments, the more convenient times, and expert care provided by APPs.

That comes with one key exception: when a new patient has no idea they were set to see an APP instead of a doctor.



As seen above, nearly a quarter of adults have an APP as their primary care provider. And moving that percentage higher is in the best interest of patients, carriers, and CDOs alike. But what CDOs have to be better at is orienting new patients to their APP before they sit down in the waiting room.

When new patients clearly understand ahead of time that their provider will be an APP, they are just as satisfied with their experience as they would have been had they seen a doctor. But when they expect an MD or DO and instead see a PA or NP, they become crestfallen, satisfaction drops, and everyone loses: the patient, the CDO, the carrier, and the burned-out doctor who needs more APP help, not less.

Did you enjoy this Single Insight Point (SIP) from the 2026 How the U.S. Consumer Selects a Provider and Health System Study? Are you ready to move from just a SIP to a whole gulp? Please reach out to either Rob Lourenco or George Dippel at Deft Research for more information about the full 2026 How the U.S. Consumer Selects a Provider and Health System Study.

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Don't miss these offerings related to the
2026 How the U.S. Consumer Selects a Provider and Health System Study:

- **Custom research services** can help your organization elevate its performance and success by giving you the insight you need to serve consumers better than today.
- **Medicare Shopping and Switching Study** is the gold standard report on the state of the Medicare market. It examines senior consumerism during the AEP and highlights what made members venture to new products.
- **Individual and Family Plan Shopping and Switching Study** is Deft's flagship study of consumers in the ACA market and examines the traditional OEP enrollment period, the channels that best connected with consumers, and how these individuals chose to enroll.

Keep the insights coming all year with our syndicated studies.

The **2026 Senior Market Insights Service** includes the following studies:

- **National Medicare Health Segmentation Study** illuminates health segments within the senior population so organizations can best serve their unique needs.
- **National Supplemental Benefit Conjoint and Ancillary Products Study** helps you design the most attractive supplemental options while balancing costs and gauging interest in ancillary products. Select from one or both of the following:
    - *Medicare Advantage Version*: focuses on traditional supplemental benefits
    - *MedSupp/OMO Version*: focuses on the Dental/Vision/Hearing bundle
- **Medicare Shopping and Switching Study** examines senior consumerism during the AEP and highlights what made members venture to new products.
- **Influences of Part D in MAPD and Standalone Coverage Study** explores how the tiered placement of specific, common medications influences MAPD and Part D consumerism.
- **SNP (C-SNP and D-SNP) Acquisition Study** provides insights into the rapidly growing segment of seniors with Medicaid eligibility (D-SNP or otherwise), examining how they shop and consider new coverage.
- **Medicare Member Onboarding and Management Study** explains how to update existing members and onboard new ones after the AEP. It also highlights what worked well in member services and education, and where improvements are needed for the next year.
- **Medicare Age-In Study** identifies strategies to boost acquisition and reduce early retention risk, while analyzing trends in self-insurance and recommending ancillary products for those not interested in MA or unable to afford MedSupp.
- **SNP (C-SNP and D-SNP) Experience Study** provides carriers and agencies with a blueprint to best serve dual eligibles and/or those with specific demanding health conditions.
- **AEP Signals and Readiness Study (Formerly Gut Check Study)** is a “must have” for carriers, agencies, and consultants. It assesses the pain points, service failures, and plan experiences that carriers and agents must address as we near the AEP.
- **How the U.S. Consumer Selects a Provider and Health System Study** is a first-of-its-kind study, looking across the broad U.S. healthcare consumer landscape at the experiences of consumers with their primary care providers, including searching for new providers, how provider relationships impact health system loyalty, and deep dives into preferences by insurance coverage type, age/life stage, health needs, and more
- **Medicare Digital Tools Study** gives an in-depth look at how seniors shop online, navigate health insurance and healthcare, and whether they find the amount of information online to be overwhelming.
- **Medicare Member Experience Study** shows what causes attrition, switching intention, and lower CAHPS scores, helping carriers to better engineer member communications and customer service for higher scores.
- **MAPD + PDP Disruption Tool** provides detailed market summaries of benefit changes from the national to the county level, helping you anticipate shifts in 2026 enrollment.
- **Custom Research** can help you answer the tough questions facing your organization about your member experience (and those of your competitors) as you prepare for 2027.

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Our **2026 Commercial Market Insights Service** studies for the Individual Under 65 Market include:

- **National ACA On and Off Exchange Benefit Design Conjoint Study** shows the premium-based tradeoffs that under-65 beneficiaries will make in the subsidized/on-exchange market as well as the non-subsidized/off-exchange market.
- **Individual and Family Plan Shopping and Switching Study** examines the traditional OEP enrollment period, the channels that best connected with consumers, and how these individuals chose to enroll.
- **ICHRA Study Part I: Brokers and Employers** examines two of the three stakeholders who will decide ICHRA's trajectory in the near term: employers looking to untangle health insurance from employment and brokers who will (or will not) facilitate that transition.
- **ICHRA Study Part II: Employees** chronicles how employees managed through cost increases, the impact on them, and how it compares to employees in traditional group coverage who may have faced less dramatic premium increases.
- **How the U.S. Consumer Selects a Provider and Health System Study** is a first-of-its-kind study, looking across the broad U.S. healthcare consumer landscape at the experiences of consumers with their primary care providers, including searching for new providers, how provider relationships impact health system loyalty, and deep dives into preferences by insurance coverage type, age/life stage, health needs, and more
- **Individual and Family Plan Member Experience Study** identifies the experiences that either inflate or depress loyalty so that carriers can be more informed on how to hold onto their ACA members.