Improving Physician Survey Outcomes

Executive Summary

Gathering data from medical professionals is imperative, but it be expensive. Therefore, gathering quality data is key. After successfully engaging thousands of referring physicians, we share herein our expertise.

Because this investment is so great, it’s paramount to maximize the data quality coming out of physician survey efforts. This paper will examine strategies to achieve reliable, valid and useful data when surveying medical professionals.

Current physician surveys are often too long, too hard to complete and unfocused. These mistakes lead to greater non-response and poor data quality even when physicians complete a full survey. Keeping survey length to 15-20 minutes at maximum seems to the key survey length. Survey length is not solely determined by the number of questions asked, “cognitive length” takes into account the level concentration necessary in the survey design.

There are strategies to increase physician response beyond simply cutting questions. These include adding a variety to the questionnaire design, including mental breaks in the survey flow, judicious use of “gamification” techniques and emphasizing the value of the physicians’ input.

Overview

It’s no small task to gather quality data from busy medical professionals. It can also be expensive. Whereas general population surveys conducted on the internet can be conducted for a few dollars per respondent (if not almost free), panel fees to reach each qualified medical professional can range from $30 for primary care physicians to $150+ for certain specialists. A solid sample of 200 specialists might cost $30,000 or more before field management and survey analysis expenses are factored in.

Let’s review the basic objectives of any survey effort:

- Surveys should deliver clear facts for on-going and future business decisions
- Surveys should gather responses from a representative sample
- Surveys should be focused, efficient, unbiased and unambiguous
- Surveys should be designed to deliver quality output in a cost-effective manner
None of these goals can be achieved if the physician target audience doesn’t respond to the survey effort or doesn’t complete the questionnaire. Certainly, the longer the survey the more likely it is that respondents will quit before reaching the end.

How often do physicians respond to surveys?

The first objective of any survey effort is to collect enough responses to provide stability and validity in the research results. How many responses are needed to achieve statistical validity is a topic beyond the scope of this paper. But let’s assume that the answer is always “we need as many responses as the budget will allow.”

There are two popular sources for potential physician respondents. One is the “client-managed list” of contacts collected from various sources within an organization. The other source is a physician panel maintained by market research specialty firms. The major difference between the two is that the panel providers charge for access to their lists, usually on a pre-response basis. (See above.)

Beyond cost, it is important to understand the practical differences between client-managed lists and panels. These differences are very apparent when we examine the history of response rates between the two sources.

<table>
<thead>
<tr>
<th>List Type</th>
<th>Typical Response Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Lists</td>
<td>9%</td>
</tr>
<tr>
<td>Panel Sources</td>
<td>20%</td>
</tr>
</tbody>
</table>

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Improving Physician Survey Outcomes

One of our research partners, Research Now, tracked their most recent 2,000 physician surveys. They found that the response rates from their panelists were twice that of client-managed lists.

There are basic reasons for this difference. A panel provider spends a great deal of time “managing” their panelists. This includes cleaning the lists for inactive e-mail addresses, non-responsive or retired physicians. Physicians also indicate how often they are willing to be surveyed and on which topics. Physician panelists also receive compensation for answering surveys on a regular basis, typically about half of what the panel provider charges per response.

Yes, client-supplied lists can be a source of less expensive respondents but be aware that response rates in the single digits are common. Client-supplied lists are generally more likely to contain incorrect or out-of-date contact information. Respondents on this type of list are less likely to respond to survey invitations without incentives. Leased lists (e.g. HDS) are very similar to client-supplied lists although they are generally much more extensive in their reach and categorizations of physician types.

How long is too long?

How long is “too long” when we’re designing a physician survey? Let’s look at some statistics on survey fatigue from the general population and then some specific data on physician surveys.

In 2004, two researchers (Rathod and la Bruna) investigated the effects of survey length on the quality and completeness of respondent answers. They concluded that after 20 minutes respondents began to skip questions and give false answers to shorten the total time spent or simply abandon the survey altogether. Subsequent studies (SSI, et. al.) have confirmed the 20 minute mark.
Of course, respondents do abandon surveys at any length. Survey respondents experience any number of interruptions that cause them to stop answering questions. But as surveys go beyond 35 minutes, over half of respondents simply quit answering questions.

Data quality also suffers even if respondents complete overly long surveys. As fatigue sets in, respondents begin to do the bare minimum to make it to the end of the questionnaire. Open-end responses get shorter, optional questions are ignored and long batteries of responses get “straight-lined.” Respondents begin to answer “no” if they feel this response skips follow-on questions.

In their most recent 2,000 physician surveys, Research Now found that the average completion time was 18.6 minutes, with a good portion of those surveys going beyond the 20 minute mark. For physicians, 90% will typically complete a survey of 15 minutes or less. Once the survey goes beyond that 15 minute threshold, doctors begin dropping at a faster rate.
To be clear, survey fatigue is not solely driven by the length of the questionnaire. The cognitive length of a survey is a large factor in resulting data quality. A survey design makes it difficult to understand what is being asked, or how the respondent should answer, will add to cognitive length.

**Overcoming Survey Fatigue**

Fortunately, there are several strategies to overcome survey fatigue. The most obvious answer is to limit the total number of questions in the survey. This may also be the most difficult to implement!

Ask yourself these questions when editing your next questionnaire:

- Do we already know the answer to this question from other data sources or surveys?
- Is this question in line with the goals of the survey?
- Does this question use a consistent and familiar rating scale?
- Is this question “placed” correctly in the survey flow?
- Can the response be “pre-loaded” so that the respondent only needs to change those answers he or she disagrees with?
- Can the open-end questions be placed earlier in the survey?
- Can this survey be edited to 15 minutes or less?
Strategies to reduce cognitive fatigue include:

- Don’t bombard the physician with page after page of “radio button” question formats.
- Include mental breaks such as “Thanks for your answers so far, only a few questions remain.”
- Emphasize the value and competence of the physicians you are surveying: “You and other experts like you can answer these questions.”
- Create mental scenarios such as “Imagine you are presented with a difficult spinal injury case…”
- Include images or video as part of the questionnaire.
- Investigate the use of “gamification” of question types such as stacking boxes to indicate rankings of responses. (But be careful not to overdo this as it may lead back to cognitive fatigue!)
Improving Physician Survey Outcomes

• If possible, split long surveys into a series of shorter surveys and combine the data during the analysis phase of the survey effort. This is possible with our dashboard technology which surveys physicians over time and closer to their experience.

As always, the overall goal of every survey is to provide facts for business decisions. Creating efficient survey instruments that create quality data is fundamental. Employing strategies that keep physician respondents engaged and attentive to your questions is key to that effort.
About Endeavor

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