



## Reversing the decline in HCP participation

Summary of the Initial Response Rate Task Force Report



Healthcare market research is becoming slower, costlier and less credible as a result of an ongoing decline in the response of Healthcare Professionals (HCPs) to our invitations to take part.

This threatens the quality and sustainability of healthcare market research. If we can re-engage with HCPs now, by addressing their concerns and showing them the value of their contributions, they will participate more often and encourage others to follow suit. The BHBIA Response Rate Task Force has undertaken qualitative and quantitative research to establish what is holding HCPs back and what we must do.

It's not about how much we pay them. What really matters is how we show that we value them, their time and their expertise.

## **Summary of Recommendations**

TOP WAYS TO ENCOURAGE HCP PARTICIPATION		
Improve screening	Better targeting	Contact HCPs where specific role/speciality is known ahead of making a broader invitation
		Seek to improve the breadth and depth of profiling information held
		Always include 'Other, please specify' in the role/speciality question, allow HCPs entering something to continue, and review later
		Engage more with local recruiters – they are usually good at finding qualifying HCPs
	Don't screen for seniority or recent participation	If HCPs pass a screener in all other respects, don't penalise them for seniority or recent participation. Ask for this information later in the questionnaire/guide
	Stricter management of screening questions	Ask no more than five screening questions after establishing relevant role/speciality
		Always ask screening questions first, omitting those irrelevant to qualification
		Always screen out as early as possible, don't keep HCPs hanging on
		Tell respondents why they haven't qualified and enable their feedback
		Use/adapt the BHBIA recruitment script, to improve professionalism
	Apply flexible quotas	Use 'soft' and 'non-interlocking' quotas, allow flexibility
		Monitor rates of non-qualification, and take early remedial action
	Collaborate with all parties before fieldwork	Share draft screening questions with fieldwork teams as soon as available
		Have some flexibility on caseload and/or prescribing thresholds

Err on the longer side or give a range when stating expected duration Be open and honest Acknowledge, apologise or remove content if the advertised about timings time overruns Always pilot and/or internally pre-test all materials Identify problem questions (in online research) by analysing the meta-data Improve research Encourage more open qualitative question techniques, and incorporate design the latest thinking into questionnaire design Research buyers – stay engaged through the fieldwork process to check these actions are carried out satisfactorily State the payment terms clearly before starting the research, and on finishing it Pay HCP remuneration within two weeks of completion Pay promptly Have written procedures for handling late or non-payments, and make these available to HCPs Arrange interviews for after 9pm, which many HCPs would find convenient Make participating Send online survey invitations later in the day when HCPs tend to be convenient less busy and comfortable Always provide refreshments at central location interviews Make sure longer With research that takes longer, check it pays accordingly and that research tasks are fair engagement is maximised and engaging Use the industry standards and proformas in the BHBIA's Legal & **Ethical Guidelines** Avoid death by terms and conditions Replace reading these out in face-to-face/telephone research with a pre-participation consent form Always pre-test online surveys, using browser and device emulation software

Make it work with the latest technology

Sensible sample sizes

Give feedback

Remove questions that won't work on mobile devices

Capture, use and share data about how participants complete online surveys

Use a sample size calculator

Query requests for larger sample sizes

Once qualified, tell HCPs more about why you're conducting the research

Seek to share non-sensitive and/or contextual findings with HCPs

Write regular articles about success stories for healthcare journals and the media

## **The frustration is with "screening".** HCPs say it's too long and stringent. Fixing it heads the top five changes we must make:



Improve screening

Target more effectively, tighten the control of screening questions, be flexible with quotas, and collaborate before fieldwork, to stop wasting HCPs' time and improve data quality



Be more open and honest about timings To stop participants feeling they have been misled, or treated like a commodity



Improve research design and minimise repetition Not being bored or confused will help participants to engage more, and give better quality input



Pay promptly

Being paid late or not at all is a real issue. Putting this right is fundamental to treating HCPs with professionalism and respect



Make participation more convenient and comfortable

To enable more HCPs to participate, and demonstrate that we care about them

We plan to report again in 2020 to evaluate what progress has been made. Please act by reading the report, sharing its message, and making the essential changes now.



To view and download the full report visit https://goo.gl/kKmWFx

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