



## Carrying out healthcare MR in the UK during difficult times

### Introduction

Industry associations and agencies are collecting and sharing data on the impact of the Covid-19 pandemic upon our ability to carry out primary market research and we want to make sure that this information reaches our members.

Two webinars took place during the week of 6 April:

- *Primary Market Research Findings and Feasibility* - Intellus Worldwide and M3 Global Research
- *Update on Fieldwork in 5EU* - EphMRA and a range of agencies, including M3, Medefield and a UK perspective from KeyQuest Health

The hosts and presenters have kindly allowed the BHBIA to share some of the key findings, so with their permission we have collated and summarised key information below.

Whilst we have focused on UK data and experiences, the findings were very consistent, particularly across the major European countries.

### The Surveys

M3 Global Research are surveying a random sample of HCP (M3 Group) panel members globally (a 5-minute interview; no incentive was offered) on an ongoing basis; the results quoted below are based on data collected between the 18<sup>th</sup> and the 3<sup>rd</sup> April.

In addition, Medefield are also conducting regular surveys with their directory members in a wide range of countries, the first of which was conducted between the 19<sup>th</sup> and 25<sup>th</sup> March.

Their goal was to provide data that would help the industry, in particular fieldwork suppliers, to approach MR with healthcare professionals sensibly and sensitively.

### UK Survey Findings from Panel Members

In the UK, 1,599 HCPs took part in the M3 survey. The key findings for the UK included:

- 99% are currently willing to participate in primary MR. Of those:
  - 99% are willing to participate online; this figure was 91% (in the UK) in a similar survey commissioned by Medefield.
  - 60% via telephone
  - 35% are willing to carry out face to face MR, however this is not to suggest that that this is either practical or advisable.
- Opinion was reasonably evenly divided with regard to an appropriate length of interview – a quarter suggesting 15 or 30 minutes, a little over a third 45 or 60 minutes and a third 90 minutes.

- As panel members the respondents may be described as a 'self-selecting' population, however there was no evidence at all of any anti-MR feeling amongst the panel respondents.
- The Medefield survey also asked about the reasons physicians are willing to input to MR online. They found that some physician types are not as busy as usual; they want to contribute their professional knowledge and opinions. Some doctors talked about wanting distraction and for others it reflects carrying on as normally as possible. Some also mentioned the fact that they welcome the financial compensation in these uncertain times.

### **Practical Advice from Market Research and Fieldwork Agencies**

There are many healthcare professionals and patients that are able and willing to participate in MR. However, the work should be approached carefully. The following practical advice may help you.

#### Who to talk to

- Target and screen carefully, increasing your chances of successful recruitment and minimising your chances of unnecessary contact.
- Avoid dedicated Covid-19 centres and 'frontline' workers i.e. those directly engaged in treating Covid-19 patients e.g. intensive care and respiratory specialists. There may be regional differences in the availability of respondents depending on the geography of the spread of Covid-19, so take these into account too. It is important to have an up to date picture of what is going on where.
- Whilst patients tend to remain willing and able to participate in MR, patient organisations may be busier than usual supporting patients. Consequently, the advice from some fieldwork providers is that they may not be available to participate or help with recruitment.

#### How to talk to them

- Use technology to streamline the way in which contact is made; avoid sending too many invites or reminders; avoid cold-calling and rely on pre-existing relationships with potential respondents.
- Chose an appropriate methodology and medium, think creatively. Do not carry out face to face MR, there are many alternative options e.g. TDIs, CAWI, online groups, virtual central location days.
- As patient workloads in some fields have decreased, responses to questions about current load may be atypical so it may be better to ask about pre-Covid-19 workloads or to select patient records from a non-Covid-19 time frame.
- There are likely to be topics of significant interest e.g. the management of chronic conditions and topics that are of less relevance at present e.g. promotional message testing.
- Think carefully about the language you use and the message you send; be sensitive. Use your more experienced and skilled moderators and interviewers where possible.

#### Your approach

- Fieldwork may take longer than normal to complete so allow more time (although there have been reports of faster than expected completions amongst under-occupied respondent types).
- Take an ethical approach - just because a specific respondent or respondent type is available it does not mean it is appropriate or even practical to approach them for MR.
- This is a fluid situation so all those in the MR supply chain should maintain close working relationships, communicating often and openly.

- Be ready to adapt quickly e.g. accommodate late changes in availability, carry out the interview on the spot if that's an option, even if it wasn't the original plan. Don't necessarily expect to be able to offer live listening-in as it could slow down fieldwork; encourage clients to accept post-hoc listening-in.
- Innovate - Think about the using new approaches and new technologies to carry out primary MR during these difficult times; our data and our insights are still needed.

The concluding message from MR suppliers is that MR fieldwork can continue in these difficult times, however all partners in the MR chain must take an ethical and sensitive approach. We must adapt, be flexible and keep in close touch with what's happening 'on the ground'.

### **Accessing Further Data**

You can access a copy of the presentations:

- EphMRA webinar – slides and recording available here: <https://www.ephmra.org/news/ephmra-update-on-fieldwork-in-5eu-webinar/>
- Intellus & M3 webinar – recording available here: <https://www.intellus.org/Member-Resources/Virtual-Learning-Center> (BHBA members can register to access this and all Intellus webinar recordings – see details here: <https://www.bhbia.org.uk/resources/webinar-recordings/intellus-webinar-recordings>)
- Visit the M3 website to use their interactive tool to examine the survey data: <https://www.m3global.com/health-check.cfm> (this webpage also has direct links to the Intellus/M3 webinar recording and slides)

### **Thanks**

Many thanks to EphMRA and Intellus Worldwide for setting up and allowing BHBA members to access the webinars and to all the agencies involved for sharing their work and experiences.

### ***Disclaimer:***

*This summary report is for information purposes only. Whilst every reasonable effort is made to ensure the information is accurate, no responsibility for its accuracy or for any consequences of relying on it is assumed by the BHBA.*