

Learning from ‘Frequent Flyers’: The Valuable Contribution of Repeat Respondents in MD Research

By Debbie Kossman, Ph.D., Senior Vice President

The Large ‘Silent Majority’ – and the Vocal Few Who Speak For Them

Anyone working in marketing research today is painfully aware that response rates are lower than ever before. The problem is even more pronounced with physicians, where response rates average roughly 10% lower than the general population – roughly 1%. Declining response rates increase the cost and logistical complexity of research, and also raise the specter of non-response bias. Can that one in 100 speak for all the rest? They must. At the start of its REMS regulatory initiative roughly a decade ago, the FDA was grudgingly forced to accept the new reality that even in matters of Ph IV post-market surveillance, a willing few were going to have to attest to the knowledge levels and practice protocols of all the rest.

One of the physician groups approached most frequently for market feedback now are oncologists, whose principal reasons for non-participation have been documented in the literature as lack of interest in the topic, lack of conviction about its importance, doubt about the value of their own contribution, and inadequate compensation.¹ It is worth noting, in that regard, that “fair market value” guidelines used in market research to dictate honoraria are typically keyed to reimbursement levels for clinical activities. We must readily concede, however, the calculus for “adequate” compensation may be quite different for physicians when they participate in market research.

Who Are These People Anyway?

Given the challenges of securing physician participation, both academic and industry researchers have developed an array of best practices to achieve representative samples, but ultimately, we are compelled to rely on a relatively small group of proxy voters to speak on behalf of their colleagues. So how can we wring even greater value from those respondents? Is it possible in qualitative research, where the conversations are rich and fluid, to develop an even more “nourishing” broth from the insights contributed by those who have opted to make themselves more consistently available?

We already know quite a bit about why physicians don’t participate (assuming we are willing to overlook the fact that, by definition, incorrigible non-responders won’t tell us anything at all) but what do we know about why some others do? NAXION’s own analyses of tracking survey data suggest that respondents who have participated in only one wave of research are not systematically different from those who participated in multiple waves over a period of years. They are no less clinically active, no less likely to adopt new therapies. And anecdotally, our experience with “regulars” in qualitative research suggests that they are no less sophisticated as a group (they are sometimes even more so) and no less occupied with matters of patient care.

¹ Marzallo, S., *et al.* Surviving Surveys. Journal of Oncology Practice, 2015.

All of them, of course, expect and value compensation – but some also welcome the reprieve from the stresses of the week, some welcome the opportunity to learn about new therapies before they are out (or look behind the scenes at the commercialization process), and some like the challenge of reflecting on how they practice and articulating a point of view about it.

Up Close and Personal: A Unique Sightline on the Dynamics of Change

There are actually some very real advantages to long-term collaboration with “frequent flyers.” First, they provide a longitudinal perspective, not just a cross-sectional one, allowing us to follow changes over time at the individual level and, through that, examine the dynamics of market-level change.

Here’s an illustration. Right now, some oncologists with patients they consider to be candidates for the immuno-oncology agent, Yervoy (ipilimumab) prefer to refer those patients to colleagues who are experienced in managing its side effects and toxicities. In the future, though, today’s referring oncologists may retain and treat Yervoy candidates themselves. Ongoing interaction with some of these oncologists (by experienced and acutely attentive interviewers) is allowing us to detect when and whether they do ultimately change their style of practice, and to explore the various triggers. Those changes not only signal an important inflection point for the brand; they also provide insights that may be relevant to other products in the future.

This type of “collaboration” between researchers and “regulars” has features in common with ethnography, which treats individuals as richly elaborated case studies exemplifying broader cultural trends. No other vantage point gives us long-term perspective on individuals and on the broader groups they represent – in some sense, the best of all worlds. As an added bonus, physicians with whom we have long-term research collaborations are often the ones most likely to allow us to follow them and their staff in *bona fide* ethnographic studies and to connect with their patients.

Another virtue of repeated contact with certain physicians is the fact that familiarity breeds not just comfort, but added candor. When a physician and an interviewer get better acquainted, social trust reduces the impulse to posture. An adept interviewer should be able to overcome whatever facades people erect, but it’s also true that more frequent interactions embolden interviewers and relax respondents, creating a different, more authentic conversation.

Making the Best of a Good Thing

It’s getting harder and harder to persuade physicians to talk to us, but with the mounting challenges of commercialization, we need their input more than ever to improve odds and maximize ROI. We have little hope of increasing response rates which means we must make effective use of the resources we have. In market research, representativeness is not just about sampling error, it’s about the quality of respondent contribution. Candid, articulate, thoughtful “regulars” are the best resource we have. We need to cherish, not devalue, them.