Screener Design

&

Best Practice

A collaborative Report by EphMRA and BHBIA

Published November 2017

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Screener Design & Best Practice

This guide is intended to act as a reference aid for those designing/implementing screeners to meet their research needs whilst avoiding unnecessary fieldwork complications well ahead of the point of fieldwork going live.

The document is born out of discussions about the adverse effects unduly long screeners are having on respondent engagement and thus their perceptions of the industry.

Please use this guide when designing screeners and refer your clients to it should the need arise.

The intended use is also to act as a safeguard for future respondent engagement - we know as an industry that screeners are one of the key frustrations cited by respondents for lack of MR engagement and will affect future participation.

The principles listed throughout this guide are styled as general recommendations; a point at which to begin and consider. We have modelled our principles on those question types that most frequently appear in screeners. Our hope therefore is that this is reflected as practical 'how to' guidance. They are designed to be of use to any member of the healthcare business intelligence community who has an interest in helping to ensure market research fieldwork success.

Throughout this guide emphasis should be placed on using the fieldwork provider in a consultative capacity when there are elements of uncertainty surrounding best practice or for factoring in considerations that are in the project's best interests when it comes to screening.

Overall duty of care and respect for respondents

Key considerations

- The screener respects the respondent's willingness to participate in MR.
- Respondents are not unnecessarily screened out.
- The screener is no longer than required by the research objectives.
- Respondents understand why they have been screened out.

What's in a name?

At times, even the terminology used to describe respondents who do not qualify for participation in a particular MR study can seem confusing. Below you'll find some of the most common ways used to describe respondents that are excluded from study participation due to how they have answered the screener questions.

Screened
Screen-outs
Non-qualified
Quota fails

} Ineligible for study participation based on the current screening criteria

Screeners: Action points

Points I to IV are those you need to act on when designing screeners so as not to overburden the respondent or use the screening as an opportunity to collect free data.

I. Length of screener:

From the latest EphMRA Guidelines:
Screening questions MUST only be used to pre-screen potential MR subjects for participation in the research, they MUST NOT be used to collect additional data.

From the latest BHBIA Guidelines:
Screeners should be used purely for recruitment purposes and not data collection. All questions included should screen respondents in or out.

*Screening interviews should be concluded when a respondent is **definitively** screened out.*

Screeners are generally brief and potential respondents are not reimbursed for the time it takes to complete them.

However, if a screener is unusually long or complex, it is reasonable to reimburse those that have completed the full screener.

So how long is reasonable?

In conjunction with industry guidance listed above, screeners should be used purely for recruitment purposes and not data collection.

- For quantitative project work, **10** questions and/or **3** mins (whichever is the greater) in duration is considered to be a maximum reasonable screener length.

- For qualitative project work, **12** questions and/or **4** mins (whichever is the greater) in duration is considered to be a maximum reasonable screener length.

II. Question type

A screener should contain **only** two types of questions;

- Questions that respondents are being screened on
- Questions that quotas are based on (and ultimately, can screen respondents out)

To clarify - what this means is that if (say for example) demographic questions (years qualified, age etc) are to be asked but are not those which will screen in or screen out a respondent then they should be included in the main part of the interview and not take up space in the screener.

III. Placement of screening questions:

Key screening questions (e.g. asking if they treat a specific condition) should be asked as early as possible.

IV. Introductory information

You must state the high-level research objectives in the introduction. The introduction should be succinct and to the point regarding the requirements of the respondent including our legal and ethical obligations.

Once a respondent has qualified, it positively impacts engagement (and therefore data quality) if you provide the respondent with more information about the objectives of the research.

As a minimum you should state the length of interview (accurately), the topic and purpose of the research. All respondents must-consent to participate in the research **before** their participation.

We encourage additional reference to the EphMRA Code of Conduct/BHBIA Guidelines for further information surrounding Introductory Information from a legal and ethical point of view.

Screeners: Other Aspects to Consider

V. Respondent type

This should be representative of the respondent group(s) in each market of the study. Screening respondents out simply based on their job title rather than their actual function (i.e. types/ numbers and how they treat patients) should be avoided. Inclusion of an 'other, please specify' option is a useful way to combat unnecessary screen-outs.

You should consider the respondent types that will definitely qualify, may qualify, and definitely **will not** qualify, for the purpose of the main study. Remember that job titles may vary from country to country; your fieldwork provider will be able to advise on this.

VI. Sub-specialties

For each market, it is key to recognise where your ideal respondent types are sub-specialties rather than primary specialities.

Bear in mind that not all specialties/sub-specialties are relevant for all markets, as this can significantly impact successful fieldwork completion. The same consideration laid out in principle IV with regards to screening on function rather than title, equally applies to sub-specialties.

VII. Patient numbers

The screening value should reflect the epidemiology of the condition/patient population as well as usage of the treatment. To minimise the impact that patient load will have on your recruitment efforts, consider how the prevalence of certain diseases, in certain populations and physician universe sizes will affect average patient loads.

Look to include "in a typical month" in question design for conditions with a high epidemiological incidence and "in a typical 3-month period" for orphan conditions only. Answers tend to be proportionally lower and less accurate the longer you extend the time-period.

Consistency of question text
Where possible, it helps the respondent enormously (and improves the quality of data collected) if the answer variables to related separate questions are kept consistent.

VIII. Time spent in patient care

These levels should reflect typical time spent with patients, by market, so as not to be unduly restrictive e.g. 75% would be more appropriate in the US but 50% more appropriate for EU markets.

It is important to ensure that the question clearly defines what "time in patient care" means as opposed to, for example, "time spent in teaching or research".

IX. Previous participation restriction

Please consider if there is a clear business need for its inclusion. MR studies for respondent types/disease conditions tend to be episodic, which is one of the key reasons why this question can significantly impact results.
If there is a need for its inclusion the question should;

- Be as specific as possible about the topic.
- Minimise impact - ask about the last 4 weeks, as opposed to the last 3 months.

X. Quotas

It is recognised that quotas are essential in helping to securing correct data for analysis however it is sensible to ensure a balanced approach is applied when operating with restrictive healthcare professional universe sizes.

As a rule, scaling the number of quotas exponentially impacts feasibility, particularly if they are inter-locked. Quotas should therefore only be applied with full consideration of the research objectives and timeframe.

It is worth noting that often understanding the true impact of these quotas is not possible until fieldwork is well progressed. The flexibility to open quotas or making sure they are 'soft' is something that should be considered in good time at the beginning of the project.

You should also ensure that regional quotas are representative of the market universe – to be established at project planning stage - your fieldwork provider will often have extensive feasibility sheets for the key global markets against specialty and you can make use of these.

XI. Location and practice settings

These should be based on the distribution of physicians by region and setting within each market otherwise unrepresentative splits can be detrimental.

Many respondents will work in multiple settings so it is advised to design a question that can accommodate this.

XII. Respondent grade

Of particular relevance to the UK but not exclusively. The necessity of this as a screening question should be considered carefully if the questionnaire is also screening on years in specialty.

Should a question around respondent grades to be included, it should be market specific. Your provider will be able to help provide you with this information at the set-up stage.

XIII. Years in specialty

Typically, 2-35 years of experience are considered acceptable to guarantee a certain level of experience. Unless there is a clear research objective that makes more senior respondents irrelevant to a study then you should consider whether an upper cap is necessary.

We would recommend that respondents who are slightly below or above the required number of years in practice, are not screened out, particularly if the criteria is already particularly restrictive.

XIV. Personal Data

In general, personally identifiable information should not be requested from respondents at any point during a screener unless there is a specific reason that is agreed on by the field agency, research agency and end client.

XV. Brand choice

This information should ideally be made available at the bid stage so that accurate feasibilities can be estimated. This is not something that tends to be part of a panel profile.

If sales data is not available to help assess the impact to project feasibility, a level of flexibility around this screening criteria should be considered at project planning stage.

XVI. Tracking studies

If you need respondents from previous waves to complete a study is there a need for the full screener to be completed again by respondents who have already participated? If not, consider reducing/removing/pre-populating the screener answers for this group. This will streamline the process and help ensure respondent engagement for future repeat waves.

XVII. Profile data

Where participant profile data is available it should be used to pre-populate questions in the screener whenever possible. These questions can be displayed for reconfirmation if necessary or hidden from the participant if not.

XVIII. Reasons for non-qualification

We strongly recommend that all recruiters and panel companies issue polite, factual, reasons for non-qualification to the respondent. For online research this can be as easy as ensuring that once the respondent has been screened-out they are re-directed to a page with a short message informing them that they have not qualified, and the reasons why.

This also provides the perfect opportunity for all non-qualifying respondents to provide feedback, updating their latest profile information and/or the opportunity to submit any queries or concerns. This affects online research more than face-to-face or telephone. Recruiters in these latter settings have an obvious interpersonal opportunity to discuss non-qualification with each HCP on an individual basis.

All respondent entry links or re-directs should **always** be tested before launching fieldwork.

XIX. Rates of non-qualification

We encourage those managing fieldwork to monitor daily the number and split of non-qualifiers. Specifically, we recommend identifying the proportion of non-qualification occasions that are due to screen-outs versus those due to quota management. Researchers will then be able to make decisions aimed at minimising drop-out, and maximising sample achievement.

XX. Screener collaboration

It makes sense that those who are best placed to assist and advise when it comes to screeners are given opportunity to do so ahead of the fieldwork going live. There is no better way to help ensure fieldwork success.

Ideally screening questions should be circulated as soon as they are drafted, to all parties involved in the project from the bid stage onwards.

Help is at hand!

These principles have been designed to offer support and understanding on some very specific principles surrounding screener design and best practice. Both EphMRA and the BHBIA offer a wealth of information and further guides available surrounding many of the wider topics touched on in this document involving compliance, ethics and codes of conduct (including templates!) to help support their members.

We strongly recommend that all members take the time to familiarise themselves with all of the documentation available and where it can be easily accessed.

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BHBIA www.bhbia.org.uk

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