

Workshop Esomar Latam 2017

Mexico City / 05 April 2017

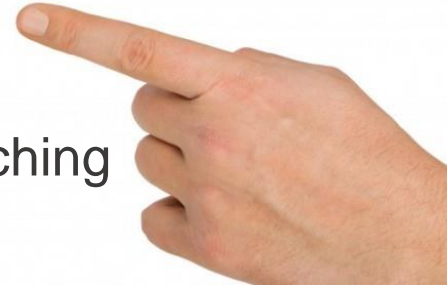
*BEST PRACTICES FOR A DIGITAL TRANSITION WITH
HEALTHCARE TARGETS*



**Online Medical Research
Diego Casaravilla - Fine Panel**



A Brave New World..



✓ Digitalization in HC research as a disruptive trend also reaching LatAm

✓ It is the norm for international projects

✓ The developed world already moved to 100% online for quant with HCPs

✓ **Local client projects:** Even conservative local clients have started the process

✓ first Brazil

✓ following Mexico

✓ Rest on trial phase

All we know from **consumer online** needs **revision**

Universes are limited

=

The panelist is the king



Understanding the LatAm Doctor

The Doctor Voice Project



Topics: Challenges of the medical profession

Method: Blog Discussion+Quant

Sample: 2870 doctors across the Americas

Timing: 2 weeks

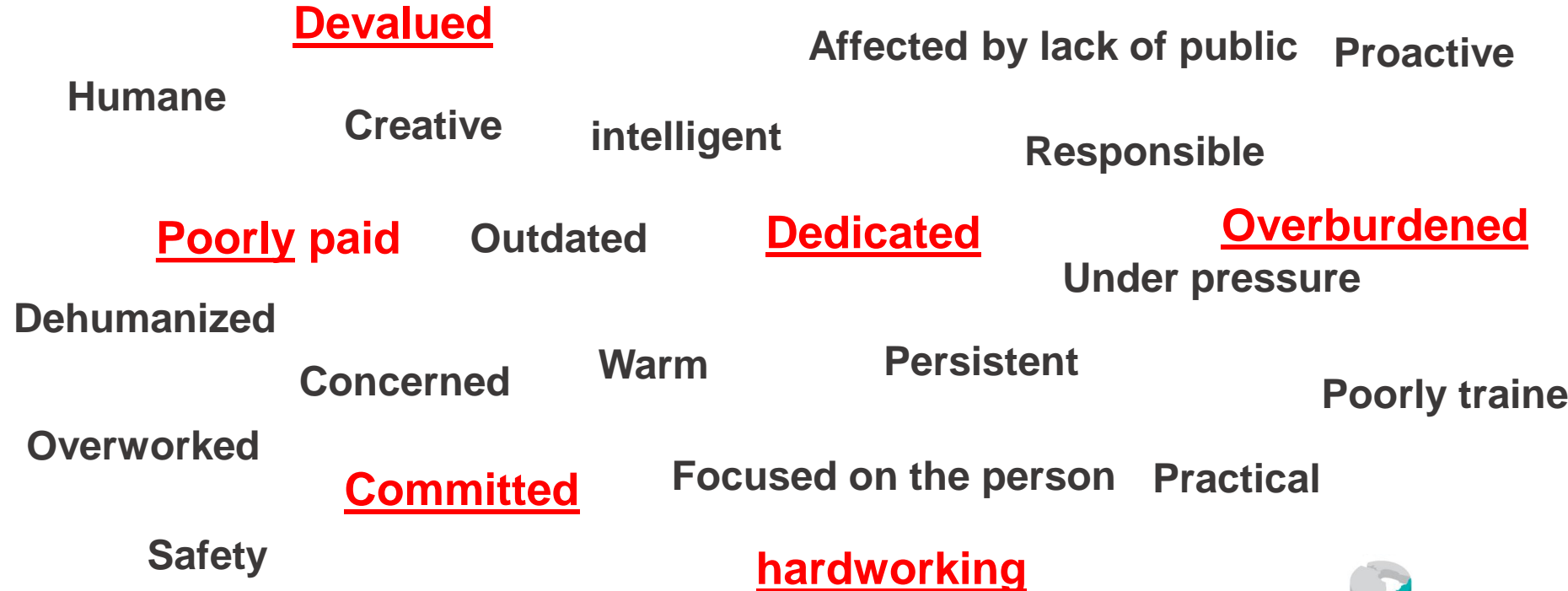
Incentive: Donation for Matthew Victims in Haiti

Funded: Fine Panel (+support of Confermit & Reckner)

Which is the adjective that best describe doctors in your country?



Which is the adjective that best describe doctors in your country?



You'll never succeed
with people who
devalue you!
-Bob Beaudine-



1. Devalued

Source – Fine Panel 2016 Doctor Voice Survey (n=2870, Americas)



2. Poorly Paid

Source – Fine Panel 2016 Doctor Voice Survey (n=2870, Americas)



3. Overburdened

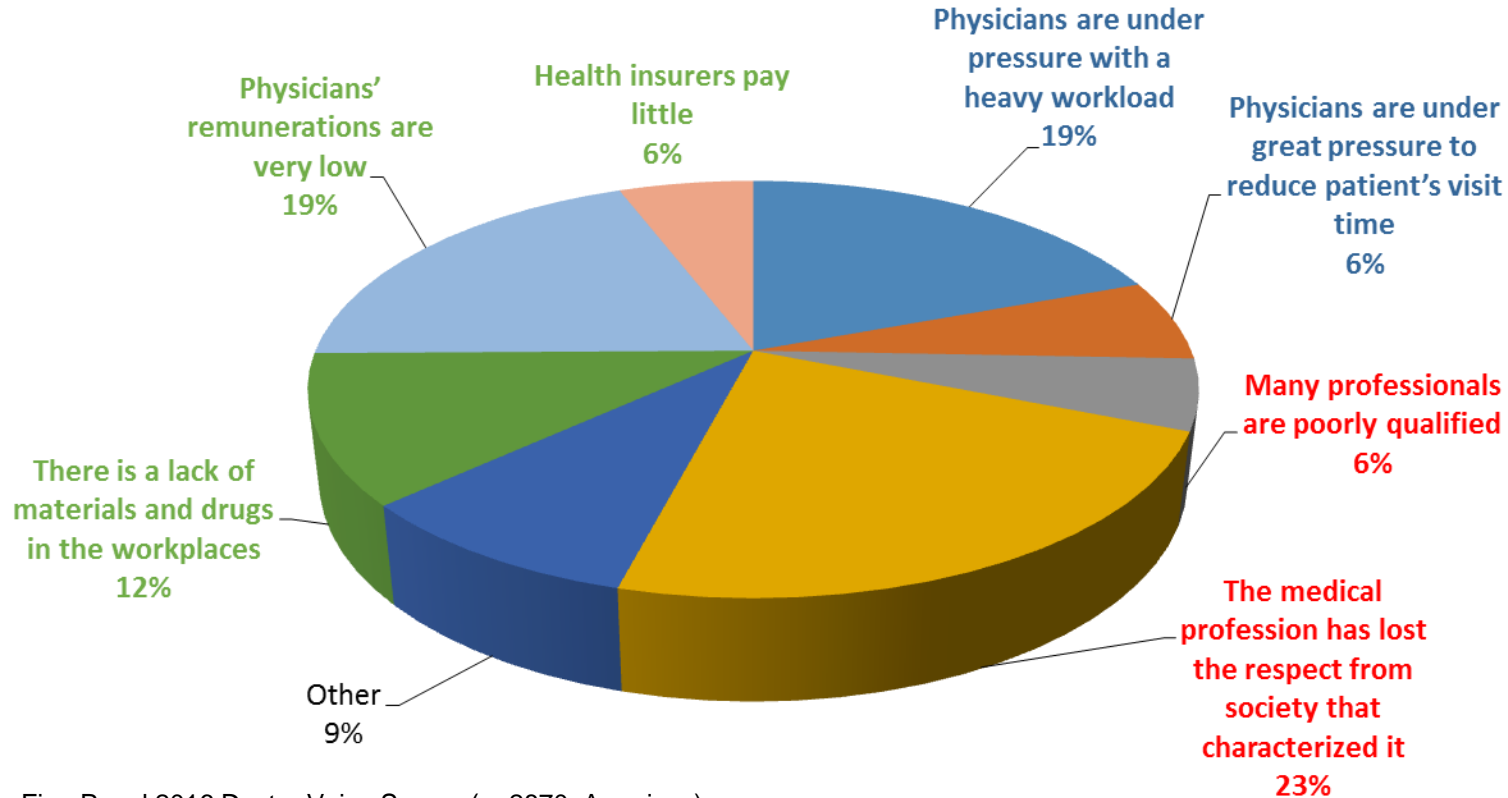
Source – Fine Panel 2016 Doctor Voice Survey (n=2870, Americas)

Main self descriptive adjective by country

Top 3	Brazil	Mexico	Argentina	Chile	Colombia	USA	TOTAL Americas
1st	Devalued	Poorly paid	Poorly paid	Overburdened	Poorly paid	Overburdened	Devalued
2nd	Overburdened	Overburdened	Devalued	Committed	Devalued	Dedicated	Poorly Paid
3rd	Poorly paid	Committed	Overburdened	Dedicated	Overburdened	Hardworking	Overburdened
Sample	1040	620	377	102	385	312	2870

Source – Fine Panel 2016 Doctor Voice Survey (n=2870, Americas)

And if you had to choose a challenge...?



Source – Fine Panel 2016 Doctor Voice Survey (n=2870, Americas)

Lessons from the Doctor's Voice Survey

- ✓ Whatever it is, your design must **respect** doctors!
- ✓ Make sure you use **reasonable incentives**, related to doctor's time and using a **responsible vendor/recruiter** that pays timely
- ✓ The emergence of online as an **appropriate solution to survey overburdened respondents**



Well executed online is a promised land!



- ✓ No more choosing between time, cost and quality, if you can get them all!
- ✓ Forget about printing, data entry, shipments, editing...
- ✓ A medical field in 1-2 weeks or real time results is not science fiction
- ✓ Interviewer fraud is no longer your worst nightmare
- ✓ Never again those stressful project starts with no recruits to report on the first days...

Underlying Benefits for agencies serving pharma clients:

Accept
and
Adapt

- Position your agency as offering frontline innovation
- Good solution for crisis / limited client budgets
- Adapted to complex design tools (conjoint, Max Diff, Concept evaluator, images, videos, etc.)
- Better adjusted to Pharmacovigilance requirements

Myths, real challenges and tips...



Unveiling “The Secretary Myth”

As consumer panels, healthcare panels have also triggered resistance. A commonly quoted Myth tells...

“Online surveys do not work in LatAm, and survey are filled by secretaries...”



But evidence show that common respondent is the HCP who in a good panel would...

- Get a very low % of wrong answers (on medical technical topics)? (**Less than 3% average QC issues***)
- Trick banking systems ID verification (**over 90% providing a doctor named account to collect incentives***)



*Source: Fine Panel Metrics

And would secretaries...



- Answer on personal devices such as smartphone and tablets (**over 60% of panel completes***)
- Do this on weekend (**25% of the completes***) or on off duty hours (**40% before 9 am or after 6 pm***)

*Source: Fine Panel Metrics

Real Pitfalls of Healthcare Online

CAUTION

- **Deliverability** - Beware of nice prices that do not deliver!
- **Design** - Beware of unrealistic designs (small list ratios, low IR, too detailed quotas)
- **Quality** - Beware of bad quality or worse, of fraud agencies...

Believe it or not...A true story

Open Ended Responses found in a recent survey.

"We are making fake surveys from New Delhi..."



"they promised good money but are not paying us and thus we are disclosing"

"some fill as doctors, engineers, etc...."

"we get 3 usd, I am not a doctor but can fill healthcare"

"we are a team of 35..."

Source: OMR Globus
who allowed sharing

Tips for a Quality Execution



Controls your panel vendor shall use to ensure true respondents

- **Doctors** should be previously **verified** against public records.
- **Invites** should be encrypted and **unique** (river sampling, out of question)
- Invites should be sent to own **personal** emails or accessed in a portal by a password **protected** entry



How else can we ask to improve quality?

- 100% screening included in the system;
- Pattern checks (speeders, straight liners, etc.);
- Trap attention questions;
- Duplicate cheks / Digital Fingerprinting



Tips for consumer online researchers

GETTING HEALTHCARE RIGHT

- ✓ 5% is a panel killer not the minimum IR!
- ✓ Forget about 3 months participation exclusion
- ✓ Beware that using Multiple vendors on a project may result in duplicates

How can we overcome feasibility challenges



Look for vendors who can combine
- a strong panel
- a strong custom recruitment.

How can we ensure a proper design?

- Include LOI and IR in your quotes to your clients and **alert that changes** could affect feasibility, costs and timing
- If IR is lower than expected **try to get more flexibility** rather than discuss the cost
- Define Quotas on a **regional level**
- If lists are enforced make sure client provides **personal contact data** such as cell phones



What's next for LatAm?



- Panel recruit for traditional qual
- Digital Qual with HCPs, communities
- Specialized Patient Panels

Q & A



