

# Developing a Prescription for Physician Surveys

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## The Study

### Objective

Provide baseline information about physician attitudes and behaviors related to practicing medicine

### Design and Methods

- Sample Frame
  - 2003 American Medical Association (AMA) Master File
  - Sample Size: N=3,504 (584 in six specialties)
- Design and Methods
  - Short, self-administered mail questionnaire
  - Pre-paid incentive (\$20)
  - Highly respected sponsor
  - USPS priority mailer
  - Pre-paid business reply mailing
  - Multiple contact attempts
  - Anonymity of response
- Response Rates
  - 57.8% Total
  - 65.8% Pediatrics
  - 58.2% Anesthesiology
  - 57.7% General Surgery
  - 55.3% Family Practice
  - 52.6% Internal Medicine
  - 42.6% Cardiology

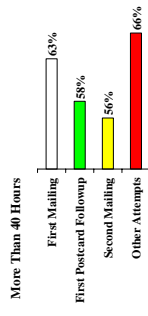
## The Findings

### Summary of Contacts and Returns

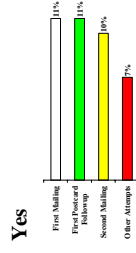
Date of Contact	Type of Contact	Number Returned (Percent of Total Returns)	Cumulative Returns
November 2003	First Priority Mailing	605 (33%)	605 (33%)
December 2003	First Reminder Postcard	769 (42%)	1,374 (75%)
January 2004	Second Priority Mailing	231 (13%)	1,605 (88%)
February – May 2004	Multiple Contact Attempts <sup>1</sup>	229 (12%)	1,834 (100%)

<sup>1</sup>Multiple contact attempts included a second reminder postcard and reminder telephone calls.

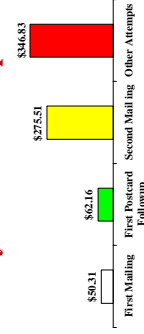
### Patient Care Hours



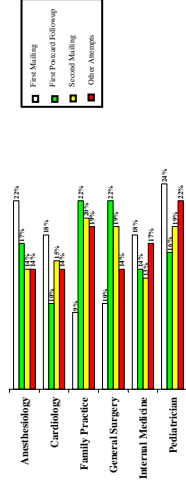
### Revealed Patient Information



### Cost Per Complete by Contact Attempt



### Medical Specialty



## Conclusions

### Methodology Best Practices

- Recommend priority mail
- Low risk to pre-paid incentives
- Telephone reminders aid identification of ineligible

### Costs and Benefits of Improving Response Rates

- Little variation in demographic, behavioral, and sensitive questions by level of contact
- Additional cost to improve the response rate did not alter survey results
- Tradeoff of the costs in time and money to improve response rates may have diminishing returns