



Perfect Data.

CHIEF EXECUTIVE PERSPECTIVES: **Designing & Fielding Tracker Studies**

Two Founders & CEOs of market research and data analytics firms navigate the complexities of healthcare tracker studies.

As more and more businesses leverage tracker studies as a way to gauge key market trends and consumer insights, who is best positioned to *track* the evolution of trackers? We sat down with Simon Fitall and Jerry Arbittier for an in-depth exploration of their combined 60+ years of healthcare research and business analytics success. You be the judge...



Simon Fitall

Co-Founder & CEO, Galileo Analytics

What are the advantages and disadvantages of using the same survey respondents each time? The same methodology?

SF: *The reason for repeating the use of the same respondents is always about having the ability to analyse one set of answers in the context of previous answers – or even reanalyzing previous answers on the basis of more recent information. Methodology is less important unless you are actually tracking responses, in which case the same method and the same questions are crucial unless something significant has changed that requires a change.*

JA: *A disadvantage of not using the same respondents for each wave of a tracker is that you are always concerned that the change may be due to the differences in the sample from wave to wave. Such sample differences are not errors. Differences in the sample are a natural phenomenon of random probability selection.*



Jerry Arbittier

Co-Founder & CEO, SurveyHealthcare

When the same respondents are used, you know that a difference is due to the actual change in the behavior of the respondents. In addition, if you segment the sample by a particular characteristic, you know that a segment change in is due to an actual change in the behavior of the respondents in that particular segment.

However, what if the initial random selection of the respondents provided a sample that was not a good depiction of the universe? Then you are stuck with the bad sample for each wave of the study. In consumer studies with a lot of sample you could check for this by dividing your initial sample into replicates and measuring the variability in the replicates. If there is a lot of variability then you could increase your sample size so that your initial sample is more valid. It is hard to do this in Healthcare studies since the universe sizes are small and the cost of recruitment is high.

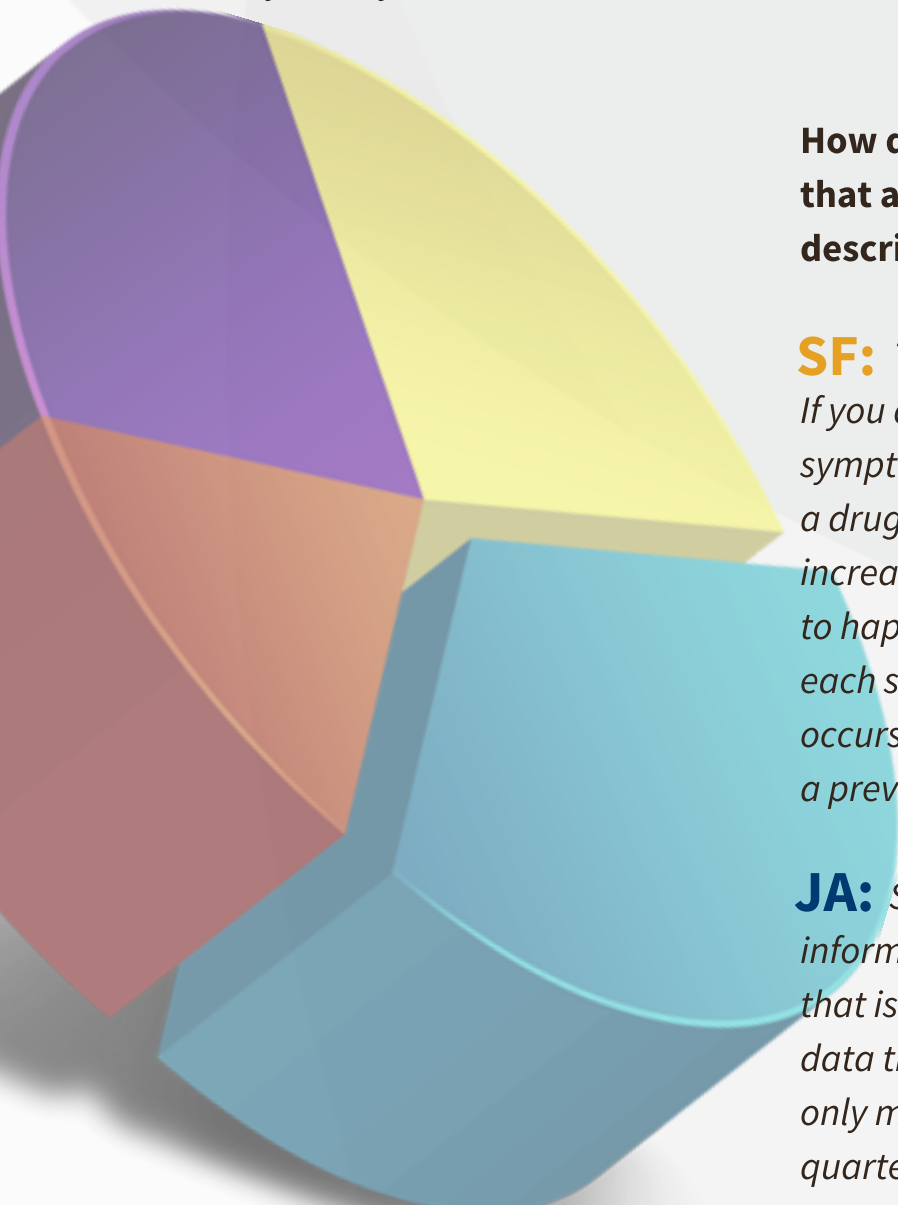
An advantage in doing surveys of healthcare audiences is that healthcare respondents are said to be more homogenous than consumers (healthcare respondents' opinion about certain drugs are more likely to be similar than consumer opinions on a subject like politics). This means results from healthcare studies will be less variable.



How do you determine the frequency that is necessary to execute the tracker (weekly/monthly/quarterly)? What variables go into your decision-making?

SF: *Frequency decisions are usually made through budget decisions. That said, if something is changing daily, then you need to track daily, semi-annually, then annually. The most important aspect of the frequency determination is the ability to make decisions about results in the tracking. If you are able to respond rapidly then you might want more frequent tracking, but if you cannot respond then there may be better ways to spend the budget.*

JA: *The frequency of conducting the survey depends on how fast you are expecting a change in the marketplace. If you are expecting a great deal of change in the first two months then weekly is appropriate. If you expect gradual change over an extended period of time then using monthly is appropriate. As stated above, cost is also a factor. Obviously if you have more money, then you can have more waves.*



How do you establish a relevant time frame that allows respondents to accurately describe their behavior?

SF: *This one is about the respondent process. If you are asking about a disease sequence from symptom to doctor visit to filling the Rx to getting a drug response (or not), then you have to increase the respondent's time for all these things to happen. Alternatively, you could ask about each step in the process immediately after it occurs and thus avoid the respondent interpreting a previous event as a result of new information.*

JA: *Sometimes you may want to coordinate information from your tracker with other data that is available. For example, if you have sales data that is only available once a quarter, then it only may be necessary to do custom research on a quarterly basis.*

What is the importance of keeping questionnaires similar from month to month? Do you recommend changing them?

SF: *If you're doing a tracking study then the questions must stay the same. However that doesn't stop you having a section of questions that are constant with additional questions that change from period to period – like an omnibus.*

JA: *It is extremely important to keep the questionnaire consistent from wave to wave. Research has shown that even minor questionnaire changes can impact response. In addition, if you change the questionnaire and the client sees a change in the data that they feel is not appropriate, then they may say the data is not valid due to the questionnaire being changed.*



How do you determine the targeting of a different demographic? (for example running the tracker in a different region/territory)

SF: *I always prefer consistent targets across all the different breakdowns. This way I can create new analytical breaks when I see results rather than being fixed with only those breaks that were designed at the start of the study.*

JA: *In healthcare research, because of the homogeneity of data, it is not common to set quotas for traditional demographics such as region, gender, age, etc.... However, if you feel that certain results will differ by a particular demographic then it is best to control for it. For example, if you are asking Allergists how many patients they treat for a particular allergy, then you should control by region since allergies have different impacts in different regions.*



What are the warning signs that a respondent is unlikely to continue/repeat the study? How and when do you react? What happens with their data responses?

SF: *You have to have turnover built in to the sample design if the tracking is going to go on for any length of time. Replacing like for like in the sample each period provides this turnover, but standard data quality control methods are still necessary to check for fatigue. If you spot a case of fatigue you have to drop the respondent from both the analysis and the next wave.*

JA: *You can monitor if the number of invitations is increasing. You could add a question at the end of the survey to see if the respondent is likely to complete the next wave. One way to keep the respondent participating in future waves of a study is by offering a bonus after they complete a certain number of waves.*

What are some tips to minimize the risk of a tracker delivering no change/inexplicable variations in attitudes or usage?

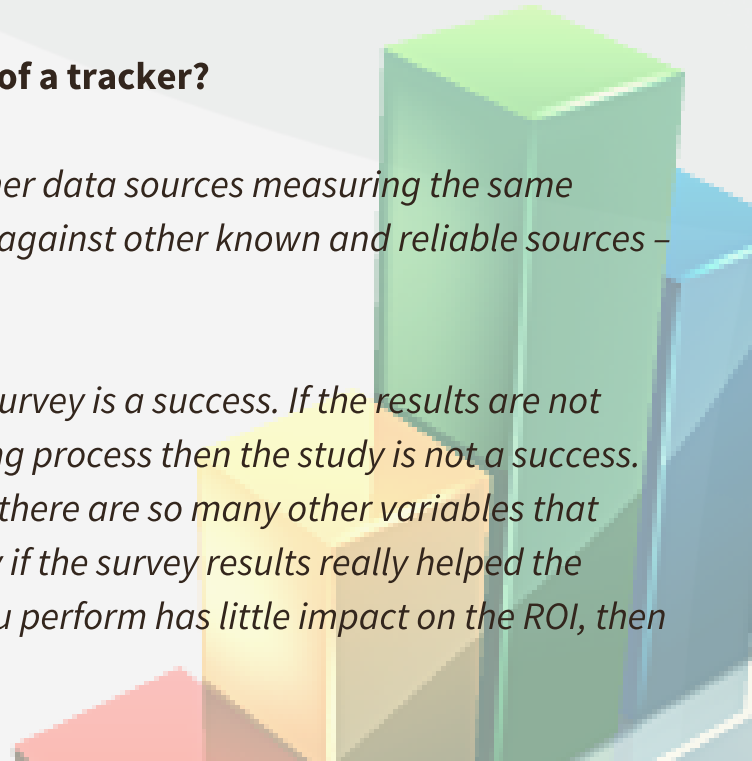
SF: *Can't be avoided if the conditions in the market don't change. You have to trust your design (and testing). If there is little or no change occurring it is possible that you are testing too frequently.*

JA: *Larger sample sizes will help. It is also really important to monitor the marketplace environment closely, so that you know if something new is impacting the results.*

How do you evaluate the success/effectiveness of a tracker?

SF: *Do the results of the tracker correlate with other data sources measuring the same market? The only way to test a tracker is to check it against other known and reliable sources – like Rx data or claims data.*

JA: *Having accurate results does not mean your survey is a success. If the results are not being used or are not relevant to the decision making process then the study is not a success. The problem with ascribing success this way is that there are so many other variables that impact the success of a product that it is hard to say if the survey results really helped the product succeed. But if the market research that you perform has little impact on the ROI, then it is not relevant.*



MEET THE CHIEF EXECUTIVES:

Simon Fitall



Simon is a knowledge engineer with 30 years experience in market research, data analytics and business intelligence within the healthcare sector. With multiple patents in the field of advanced medical data analysis, Simon is an expert in data analysis with more than 20 years experience working with, analyzing and creating models with multiple data types and especially patient level data.

Working with some of the most successful companies in the pharmaceutical and biotech industries, Simon has a record of designing and building data analysis, patient modelling, and predictive tools.

Fitall's analytical tools and models have been used at all levels throughout major corporations, such as Merck, Pfizer, Roche, J&J, GlaxoSmithKline, AstraZeneca, Novartis, Amgen and Lilly, among many others. Simon has designed the analytical tools that are now proprietary to Galileo.

Simon is a member of the Global Advisory Council to the Interprofessional Healthcare Workers Institute (IHWI) at Rosalind Franklin University, as well as being a member of the Education Committee of Intellus (the leading global healthcare market research professional organisation). Simon has published multiple articles in industry journals and trade publications and is a frequent speaker at conferences related to healthcare data analytics, market research and business intelligence.

Jerry Arbittier



Jerry Arbittier is the co-founder and CEO of SurveyHealthcare. He has 30+ years of executive leadership and industry experience in survey research and project management. Before his appointment to CEO, Jerry served as the Company's President for 7 years. Prior to this, he was co-founder and President of All Global – the first physician panel developed for the healthcare marketing research industry. Over the course of his career, Jerry has conducted thousands of healthcare marketing research studies, developed the initial sample for Arbitron's first TV meter panel, and was in charge of product development and research at Kantar Media. He holds a Master's degree in Survey Sampling and Statistics from Temple University.