UNMASKING THE RESPONDENT:

HOW TO ENSURE GENUINE PHYSICIAN PARTICIPATION IN AN ONLINE PANEL



Ever wondered about the real identity of the nameless, faceless physicians who participate in those online ATU studies? What if they aren't physicians at all? What if the survey respondent is actually a nurse who saw the survey invitation at the office fax machine? Or a retired physician trying to make a quick buck? Or worse still, some enterprising biology student who saw an opportunity? Ever wondered how these fake respondents could affect your study?



The possibility of fraudulent participants in an online survey meant for physicians is every pharmaceutical company's nightmare. "It could be a very, very expensive error for us," emphasizes a Market Research Manager for respiratory drugs, when asked about the potential fallout of such a scenario. "We routinely use these online studies to help us make crucial business decisions. For instance, a weak message selected on the basis of an incorrect message recall study can result in a loss to the company of millions of dollars—the cost of a full-fledged marketing campaign."

Other market research managers interviewed by Frost & Sullivan voiced similar concerns. The

reasons for using online surveys are compelling—they are relatively inexpensive, with a short turn-around time, and allow critical data to be gathered across a broad spectrum of respondents. Consequently, online physician panels are gaining immense popularity among pharmaceutical and medical device companies for doing many different types of studies—including ATU (Awareness, Trial and Usage) studies, benchmarking studies, user/non-user studies, message recall studies, etc. However, the data these panels can generate are only as good as their underlying respondents.

Inappropriate respondents come in many shapes and sizes. A lay person, for instance, could try to pass himself off as a highly qualified professional. However, with vigilant prescreening questions that precede the actual survey, this type of fraud can be easily detected and weeded out. Far more insidious and dangerous to the integrity of the data are instances where a more knowledgeable, albeit fake, respondent (like a nurse or an intern or even a retired, non-practicing physician) tries to bluff his or her way through a survey meant for an attending physician, active in the field. During the course of this study, we heard several anecdotal accounts of physicians answering questions meant for practitioners in allied specialties. Dermatologists may volunteer for surveys meant for plastic surgeons, or general practitioners may claim to have a cardiology practice.

While most seasoned professionals in the pharmaceutical industry affirm that participant verification is crucial for the integrity of data collected from an online physician survey, they are largely unaware that it is one of the most neglected fields of inquiry. The relative security of an anonymous online survey, combined with the possibility of earning a significant amount of money, makes these surveys very attractive for someone looking for

a way to make a quick buck. Yet most pharmaceutical market research managers are quite oblivious of the measures taken by physician panel vendors to ensure the identity of their respondents.

Are your physician panel vendors doing their job?

Frost & Sullivan undertook this study to investigate the various methods employed by physician panel vendors to verify their panel members. All the major physician panel vendors in the US were contacted for this study; All Global, American Medical Panel, Dr. Directory, Epocrates, e-Rewards, JRA, Medefield, Medscape/WebMD, and TNS jstreet agreed to participate, while CMR, Greenfield, Medimix, Ricca Group and Skyscape declined participation. Harris Interactive, ImpactRx and MDLinx were contacted several times by phone and email, but did not respond to our invitations.

The panel sizes of the vendors participating in our study range from 30,000 (TNS jstreet, e-Rewards) to 400,000 (Medscape/WebMD) physicians in the US, as shown in Figure I. However, this is a contentious number, since we found that each vendor defines an online physician panel in a slightly different manner. For the purposes of this article, we chose to define an online physician panel as an actively managed database of physicians, who meet all of the following conditions: the panelist has agreed to be contacted by the vendor to participate in an online survey, the panelist has been validated as a physician and the panelist is reachable by email.

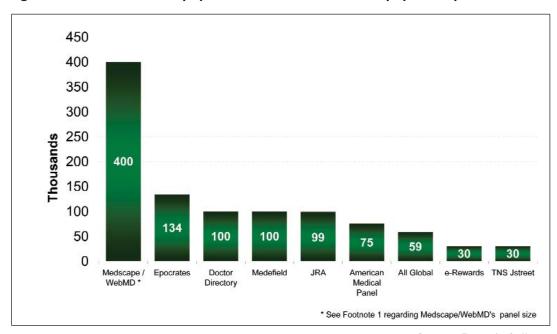


Figure 1: Number of US physicians in different online physician panels

Source: Frost & Sullivan

¹ It should be noted that Medscape/WebMD automatically enrolls all physicians into the Market Research panel, allowing them to explicitly opt-out at later times. This may slightly inflate the number of physicians on Medscape/WebMD's panel compared to other panels in the paper.

How exactly did these panels get to their impressive size?

Some vendors market directly to physicians. They use lists of physicians obtained from different sources such as the American Medical Association (AMA) or a directory like Yellow Pages (see Figure 4). They enlist their participants by offering them the possibility of earning additional income by participating in market research on issues that interest them, and are relevant to their expertise. However, contacting each physician, confirming their identity and ensuring that it isn't one of the other employees at the facility is a time-and labor-intensive process, prone to errors.

Other vendors have an existing base of physician customers and use this database to build their physician panel. These vendors usually have a separate main line of business that is clinical or medical in nature and is viewed favorably by physicians. It is in the process of

registering physicians for that other main service that the vendor may offer market research panel participation. This method is employed by Doctor Directory, Epocrates, Medscape/WebMD and Medefield. Epocrates has a core business as provider of medical and drug information software for mobile devices such as iPhones, and

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it is when physicians are registering to download the software, that they are given the choice of joining their market research panel. Medscape/WebMD recruits from physicians using their websites for medical information, and Medefield recruits through companies in the field of medical education and communication.

There are various pros and cons to building a panel using these different methods. However, for the purposes of this article, we will look at the recruitment process only through the lens of potential fraud. Someone who is looking to make some easy money by posing as a physician is more likely to seek out a panel that openly advertises itself as market research panel, and entices physicians with promises of additional income. A vendor better known for providing other clinical/medical services attracts a different pool of applicants—those who value these clinical/medical services—and who may only join the market research panel as an afterthought.

Figure 2: Different methods of panel construction

Panel Cor	nstruction
Recruits primarily for market research	Offers other clinical services
• All Global	• Epocrates
American Medical Panel	Medefield
• e-Rewards	Medscape/WebMD
• JRA	Doctor Directory
• TNS jstreet	

Source: Frost & Sullivan

Physician Verification

The most challenging aspect of maintaining a large online physician panel is the issue of identity verification, i.e., ensuring that panel participants truly are what they claim to be: practicing physicians. The onus of credentials verification rests with the panel provider and is rarely scrutinized by the pharmaceutical market research managers who are the ultimate end users of these panels.

The AMA and DEA (Drug Enforcement Agency) have some of the most comprehensive physician databases in the U.S., and are commonly used by vendors to verify physician information. Other databases, such as the AOA (American Osteopathic Association), State Licensing Agencies, and Unique Physician Identifier Number (UPIN), are also used.

A thorough verification process is usually an automated process that undertakes an exhaustive cross check of numerous pieces of information against these databases. However, not every vendor has the wherewithal or ability to afford these expensive data sources. They often buy a

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limited version of the data set, or are satisfied with cross checking just a few attributes—say, the name, address and the DEA or UPIN number. However, this information is easily found on any prescription from a physician. Some vendors, such as Epocrates, conduct an extensive verification process. They use the AMA database to cross check additional parameters like the year of graduation, school attended, medical education number and other information that is only available in the comprehensive database.

Vendors without access to the entire database often rely on using verified physician lists from the AMA and other sources to recruit physicians, and then they simply confirm their access to the physician. For instance, the American Medical Panel always calls physicians at



their place of work and speaks to a specified physician in order to validate that their recruit is working as a physician at the specified location. However, verifying the identification of a physician registering through an online portal can be more difficult. It is for these reasons that e-Rewards, for instance, limits participation only to those physicians that it invites from its verified lists of physicians. TNS jstreet, pursuing transparency, outsources physician verification to an independent third party vendor, which uses databases such as the AMA for verifying credentials of physicians.

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Figure 3: Sources for Verification of Physicians' Credentials

	AMA	AOA (AOA number)	NTIS (DEA number)	NPPES (UPIN number)	ABMS (Board certification)	State License	External Agency Validation
All Global	\checkmark						
American Medical Panel	(Uses AMA lists, among others, for initial recruitment)						
Doctor Directory	\checkmark	\checkmark	\checkmark	\checkmark		\checkmark	
Epocrates	\checkmark						
e-Rewards	·		\checkmark			\checkmark	
JRA			✓	\checkmark	\checkmark	,	
Medefield	\checkmark		,		1		
Medscape/ WebMD	√	\checkmark	\checkmark	\checkmark		\checkmark	
TNS jstreet	(Uses AMA lists, among others, for initial recruitment)						✓

Source: Frost & Sullivan

Manual versus Automated Verification

Manual verification of tens of thousands of physicians can be a labor-intensive task, and prone to error; hence, the field appears to be moving towards more automation. Currently, Epocrates is the only vendor that conducts fully-automated, real-time physician verification at the time of registration, while a few others use some measure of automation in their verification, but revert to manual verification in case the respondent fails to clear the automated verification (see Figure 4 for details). Still others manually verify all registrants.

Different considerations go into making a comprehensive physician panel, but looking at this solely from the viewpoint of ensuring the identity of physicians, a completely automated verification is superior. It may indeed leave out some genuine practitioners—for instance, those whose last names might have changed since their entry into some database. However, those who do make it through a fully automated process, in which information they enter is verified across a number of fields in a database, have a very low chance of being an impostor. A manual check might be able to include more physicians; however, it opens up the possibility of introducing the element of human error, or a wrong judgment on part of the person doing the verification.

Updating Credentials, Purging Retirees

Allowing a non-physician to get onto a panel is not the only place where errors might occur. Not removing someone who has ceased to practice, or has lost credentials, is also a potential source of error.

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Most vendors encourage the physicians to maintain and update their own profile on a physician online portal. Some of them with access to large databases such as AMA, also rely on these databases to provide ancillary information about the physician practices. However, self reporting by physicians on their current status is not reliable, and the AMA database does not have comprehensive information on the current status.

The DEA database, on the other hand, is automatically updated to reflect the change in status of the physicians whose licenses are not current. Since maintaining a DEA license requires the payment of a license fee, this can be an accurate reflection on the practicing status of a physician. Some vendors also purchase lists of physicians with lapsed credentials and periodically check them against their database.

Honoraria Payments

It can safely be assumed that most fraud is perpetrated for monetary incentives. Ensuring that honoraria disbursement is secure and directed towards verified physicians removes the very reason for non-physicians to try to enroll in a panel. Debit card payments and check payments to a registered name and address are the safest methods of making honoraria payments. Vendors using gift certificates or allowing participating physicians to name other beneficiaries need to incorporate additional verification measures to ensure against fraud.

Amongst the respondents we surveyed, American Medical Panel and Epocrates offer honoraria through a debit card. Doctor Directory, American Medical Panel, e-Rewards and TNS jstreet do not give the physician the choice of naming a different beneficiary for the honorarium.

Conclusions

Physician panel vendors already recognize the need to enhance the quality and reliability of their panels. However, ongoing scrutiny and attention to this aspect from pharmaceutical and medical device companies is crucial to providing the final impetus for actual tightening of the procedures which in turn will mean more credible physician panels. As in every other business, the customer is king.

The stakes are quite high for pharmaceutical and medical device manufacturers, since poor quality data can severely impact their business strategies and company outlooks. These are the companies which eventually pay for the online surveys; consequently, they also shoulder the responsibility of setting expectations and ensuring that best practices are followed in the industry. Pharmaceutical market research managers should actively collaborate with

their market research firms in the selection of a physician panel vendor which best meets their need for an online physician survey, and has a rigorous procedure for validating respondents. High quality data cannot be gathered from poor quality respondents.



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Best Practices for Physician Verification

- Recruitment of physicians based on clinical services
- Use of extensive databases maintained by government agencies or bodies such as the AMA, DEA, updated frequently, to verify panel participants
- Use of multiple fields within each physician record to confirm a match, not just overreliance on a few data-points such as last name and license number
- Greater reliance on automated verification to exclude subjectivity in verification process
- Use of reliable, third party services to independently verify physicians using extensive databases
- Frequent re-validation of panelists to identify physicians with lapsed credentials, not just relying on self-reporting by physicians
- Secure methods of honoraria disbursement, limiting its use to the verified panelist

Figure 4: Summary table of Physician Panel Vendors

	All Global	American Medical Panel	Doctor Directory	e-Rewards	Epocrates	JRA	Medefield	Medscape/ WebMD	TNS jstreet
MD's in panel (US)	58,500	75,000	100,000	20,000 Med MR Panel, 10,000 e- Rewards Panel	134,000	000'66	100,000	400,000	30,000
Panel Construction	Phone recruitment through directories, yellow pages	Purchase lists from AMA, or other approved medical sample providers. Phone recruitment at place of work	Opt-in participation, purchased databases, physician referrals	Purchased lists, invite physicians through fax to join the medical MR panel.	Word of mouth, opt-in for physicians signing up for drug information software	Purchase lists, email/ fax physicians, Web registration	Opt-ins through medical education & communications network, referrals	Word of mouth, popular website for medical information	AMA or pharma company lists. Mail/ fax invitation to join panel
Other Benefits to Physicians	None	None	Practice mgmt & marketing solutions, online samples, clinical research, recruiting	None	Software and prescription medication database)	None	Quarterly	Web resources - news, videos, journal articles, physician-	None
Respondent Verification	АМА	АМА	DEA , State License, AMA, AOA	Yes (DEA, UPIN or state license)	АМА	DEA, UPIN	ME (AMA)	АМА	3rd party verifies credentials
Verification Methods	Manual	Manual	Automatic and manual	Automatic and Manual (building manual automatic)	Automatic	Automatic, then manual	Automatic, then Automatic, then manual manual	Automatic, then manual	Automatic (3rd party), then manual
Secure Honoraria Payment to Specific Name/Address	Yes	Yes (check or debit card)	Yes	Yes (payment associated with DEA number)	Yes (through Epocrates visa debit card)	No (check can be sent to different person, but they do keep records)	Yes	Yes	Yes

Source: Frost & Sullivan

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