



## ESOMAR 26

### **What experience does your company have with providing online samples for market research?**

Since 1997, Universal Survey has been providing healthcare data collection services to the market research industry. Clients come to us because we're easy to work with, and because they can rely on us to get the job done.

Universal Survey reaches more healthcare professionals than anyone else via our 2 million plus Network of Healthcare Professionals.

We see an 80%+ match rates on physician lists, plus we have the ability to go beyond the physician, and interview nurses and office staff.

Through a variety of multi channel data collection approaches, we reach hospital personnel, including Healthcare professionals and technicians.

The quality of our Healthcare Network, along with Universal Survey's unwavering commitment to exceeding client expectations, is the cornerstone of our success.

### **Please describe and explain the types of source(s) for the online sample that you provide (are these databases, actively managed panels, direct marketing lists, web intercept sampling, river sampling or other)?**

When we started in the Healthcare Data Collection business, Universal "empanelled" healthcare professionals for web surveys because so few had internet access and email addresses. However, today since most healthcare professionals have email addresses and internet access, we have built a multi-mode 'access' system which is better statistically, quicker, and more cost efficient to sample healthcare professionals across an entire sample frame.



Our Healthcare Network is not a traditional actively managed panel (nurtured community). Rather, we sample from a population of 2 million plus healthcare professionals. We regularly obtain and update our sample from standard core sources, such as the AMA. We add, update, verify and validate information using our 500 seat telephone center. As we add and update records, we ask potential respondents if they would like to participate in surveys (opt-in). From here, we verify and validate, and require that they opt-in again (double opt-in). For those that don't opt-in, or we cannot reach directly, we keep their information on file, and seek to add / update their information through others in their offices. In addition, we have matched our records, and maintain ME numbers and IMS numbers for physicians.

### **What do you consider to be the primary advantage of your sample over other sample sources in the marketplace?**

We are not a traditional panel and therefore can sample from a population of 2 million plus healthcare professionals. We maintain email, fax and/or phone numbers, and sample through all these methods (many times, simultaneously), and although 25% (500,000+) are opted-in, we do not necessarily limit our sampling to the confines of a 'required double opt-in panel.' Most firms who have panels maintain only email addresses or only fax numbers to reach their members. As part of our standard practice, and setting Universal apart, we communicate with survey respondents using all available channels.

### **If the sample source is a panel or database, is the panel or database used solely for market research? If not, please explain.**

Yes, our Healthcare Network is used solely for market research.

### **How do you source groups that may be hard-to-reach on the internet?**

We obtain our sample from standard core sources, and given that our Healthcare Network is built differently than other healthcare online panels, and that we have a 2,000,000+ respondent data base to draw from, we often can conduct interviews that no one else can.



**What are people told when they are recruited?**

They are alerted that survey information and responses are confidential and provided in aggregate, unless they give us their explicit permission to release their individual answers. They are also informed about compensation and survey length.

**If the sample comes from a panel, what is your annual panel turnover / attrition / retention rate and how is it calculated?**

Our Healthcare Network is not a traditional panel.

For those that are double opt-in, the average panel turnover / attrition rate is less than 5% annually. We base this average on opt-out requests, undeliverable emails, faxes and phone calls not returned. While we do not immediately remove non-responders, we flag them after three months of inactivity. If we cannot re-engage a respondent, they are deleted from our counts.

**Please describe the opt-in policy.**

Respondents are asked to opt-in to take surveys. If respondent accept, then they are asked to provide their preferred method of contact (email, fax, phone or regular mail). Their contact information is validated and verified.

**Do you have a confirmation of identity procedure? Do you have procedures to detect fraudulent respondents at the time of registration with the panel? If so, please describe.**

We take confirmation of identity extremely seriously and have multiple procedures used to detect and purge fraudulent respondents, including: use of a backend algorithm to check mailing addresses (which are later verified against records); detection of previously registered email addresses; business locations, phone numbers, examination of IP addresses; placement of temporary survey cookies; and proxy server detection.



**What profile data is kept on panel members? For how many members is this data collected and how often is this data updated?**

We maintain name, address, phone, fax, email, specialty, sub-specialty, hospital affiliation, office or hospital based, and ME and IMS numbers for physicians.

For Payers and Pharmacists, we maintain specific usage/demographic information.

We also maintain survey history.

We maintain custom profiles for clients at their request. We update all information from our 500 seat telephone center and/or when respondents provide us with updates.

**What are the size and/or the capacity of the panel, based on active panel members on a given date? Can you provide an overview of active panelists by type of source?**

Our Healthcare Network contains over 2,000,000 million healthcare professionals, including over 500,000 opt- in members.

The Healthcare Network includes

1,500,000 Physicians, Nurses and Office Personnel including RNs LPNs, PAs, NPs

145,000 Hospital / Clinic Personnel

250,000 Dentists

75,000 Pharmacists

3,000 MCOs

They are profiled by specialty and preferred access method (email, fax, phone, or a combination thereof).



**How is the sample selection process for a particular survey undertaken? Can samples be deployed as batches/replicates, by time zones, geography, etc? If so, how is this controlled?**

The sample is selected for each study based on the study specifications provided by the client. We randomly sample across the entire universe, and preselect enough respondents to fill the quota.

Samples can be deployed in waves, and can be controlled by time zone, geography (regions, DMAs, zip codes, etc.), and by other means as available, and requested by the client.

This is controlled by the Project Director and team in charge of managing the invitations, as well as by internal processes for sending the invitations in controlled batches. We can automate the mailing of invitations so that it is done at any time.

**Explain how people are invited to take part in a survey what does the typical invitation look like?**

Respondents are invited to participate through an email, fax or telephone invitation. The invitation always alerts the respondent to the length of the interview, honorarium amount, survey link, and field period. If there is any part of the survey that requires additional guidance, that information is included in the invitation.

**Please describe the nature of your incentive system(s). How does this vary by length of interview, respondent characteristics, or other factors you may consider?**

Panel members are paid an honorarium in cash upon completion of the survey. The size of the cash incentive depends on the type of respondent, incidence, length of survey, and other qualifying criteria.



**How often are individual members contacted for online surveys within a given time period? Do you keep data on panelist participation history and are limits placed on the frequency that members are contacted and asked to participate in a survey?**

Given the limited universe of Healthcare Professionals, at this time, we do not limit the number of contacts in a given time period.

**Is there a privacy policy in place? If so, what does it state? Is the panel compliant with all regional, national and local laws with respect to privacy, data protection and children e.g. EU Safe Harbour, and COPPA in the US? What other research industry standards do you comply with e.g. ICC / ESOMAR International Code on Market and Social Research, CASRO guidelines etc.?**

Yes there is a Privacy Policy. It states: "Your opinions are important to the results of the survey and will only be used in conjunction with others. Please be assured that we are not selling anything, this survey is for research purposes only, and you will not be re-contacted as a result of your participation. All personal information is private, direction to third-party sites is for survey taking purposes only, data collection is in aggregate, "cookies" may be placed and the ability to contact us at any time."

To the best of our knowledge, we are compliant with all laws regarding privacy, data protection, and children. We comply with all PMRG, PBIRG, CASRO and MRA rules and regulations.

**What data protection/security measures do you have in place?**

Universal Survey stores all respondent information within secure password protected data storage areas. Our storage areas are secured by industry standard firewalls and stringent IT security policy framework. We use IP address detection, determining of proxy servers, profile scanning, and other internal measures to protect data and silently purge professional and



fraudulent respondents. If we are programming and hosting the survey, we rely on survey programming to guard against straight-lining and loss of concentration, and regularly advise our clients on implanting these verification measures within the survey programming. We also request client feedback on each and every study in order to remove respondents not providing legitimate data so as to never again use these members for future survey invitations. This ensures our panel is consistently kept fresh, authentic, and responsive.

### **Do you apply a quality management system? Please describe it.**

We are dedicated to increasing the quality of our internal processes. Our management team is trained to continuously recommend and improve the quality of our systems. We have put together a detailed work flow process from receipt of the RFP through the completion of a study. Every client has an Account Director whose primary role is to understand your business, provide guidance and support, a Client Service Manager who is responsible for the implementation of your project, and Field Project Manager who works with our sampling, field and programmers to insure the study is getting the attention it needs.

### **Do you conduct online surveys with children and young people? If so, please describe the process for obtaining permission.**

Yes, we field surveys requiring the participation of children and/or young people. We follow the guidelines and rules set forth by the major Market Research Associations. Our process is to contact parents, informing them the study is for their child and they can make the decision as to whether their child can participate or not.

### **Do you supplement your samples with samples from other providers? How do you select these partners? Is it your policy to notify a client in advance when using a third party provider? Do you de-duplicate the sample when using multiple sample providers?**

We have the largest Healthcare Network so this does not often happen. We are usually approached by others to help them complete quota. Only when required, and with



permission from our client, will we supplement with sample from other providers. When this is the case, our partner providers must pass our data quality process to ensure elimination of duplicates, speeders, and cheaters. All of our partners are verified to ensure they abide by the standards of conduct required by the leading market research associations. They all must have an excellent reputation within the industry and are held to the same standards to which our clients hold us, in terms of data quality and customer service.

**Do you have a policy regarding multi-panel membership? What efforts do you undertake to ensure that survey results are unbiased given that some individuals belong to multiple panels?**

This is obviously cannot be easily monitored unless all providers shared information. Given that there is a very limited universe of health care professionals and a large demand for surveys with this population, they are bound to be doing surveys for different companies. We make every effort to ensure we recruit only the highest quality respondents.

**What are likely response rates and how is response rate calculated? What is likely survey start rates drop-out and participation rates in connection with a provided sample? How are these computed?**

Response rates can vary from 10% to 40% percent depending on the type of respondent, topic, incentive provided, and credibility of study sponsor when allowed to use their name and subject matter and the length of the interview. They can also vary based on the metric used in the calculation of the response rate and whether they are computed based on the number of panelists who are sent invitations, click on a given survey link, and reach an end-page or they include the panelist who drop off from the interview before it is completed..



**Do you maintain individual level data such as recent participation history, date of entry, source, etc., on your panelists? Are you able to supply your client with a per job analysis of such individual level data?**

Yes, we maintain participant and project level data on all respondents and are able to provide this to our clients as requested.

**Do you use data quality analysis and validation techniques to identify inattentive and fraudulent respondents? If yes, what techniques are used and at what point in the process are they applied?**

Universal Survey institutes a variety of validation techniques including proxy server detection, IP address verification, past survey participation history, survey time testing, and use of unique survey links on each and every survey, silently purges fraudulent respondents to constantly ensure fresh, authentic respondents. We also verify mailing addresses against directories as all honorarium checks are mailed.

**Do you measure respondent satisfaction?**

We make a very strong effort to keep our panel members satisfied. Even though we cannot control their experience within a particular survey, we respond promptly to all panelists help email and telephone requests. In addition we pay attention to the time it takes to complete a survey and all comments regarding the survey and incentive.

**What information do you provide to debrief your client after the project has finished?**

We are able to provide any information that is relevant to the study at the request of the client. Information often requested include size of sample deployed, number that dropped out, incidence rates, number of completes, screen outs by question number and survey length.