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Patient Survey Completion by Touchpoints in a Mailed Survey Methodology

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BACKGROUND & OBJECTIVE

BACKGROUND:

- Optum has the unique ability to leverage administrative claims data to precisely target patients for direct-to-patient mailed surveys, enabling the combination of patient-reported outcomes with claims-derived healthcare resource utilization, costs and clinical outcomes.
- Researchers are often challenged to maximize the survey completion rate without overburdening respondents. Evaluating survey completion by touchpoint may provide guidance on the best number of touchpoints to use.

OBJECTIVE:

- To review survey completion by touchpoint across multiple direct-to-patient mailed survey studies.

METHODS

DATA SOURCE AND STUDY DESIGN:

- A total of 7,901 patients responded to 7 direct-to-patient, mailed survey studies.
- Surveys were fielded between 2016 and 2022.
- Patients were identified from the Optum Research Database (a large, national administrative claims database) using study-specific inclusion criteria (i.e., diagnosis, medication use, age, etc.) and were invited to participate by mail.
- Surveys were fielded across numerous therapeutic areas including respiratory, metabolic, neurologic and infectious diseases.

7 mailed survey studies

2016-2022 survey fielding years

7,901 completed surveys

67 mean age of respondents

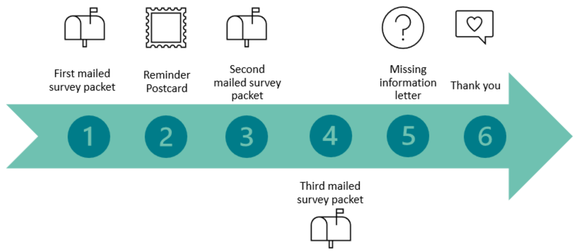
1,812-6,000 study sample size range

METHODS, continued

STUDY DESCRIPTION:

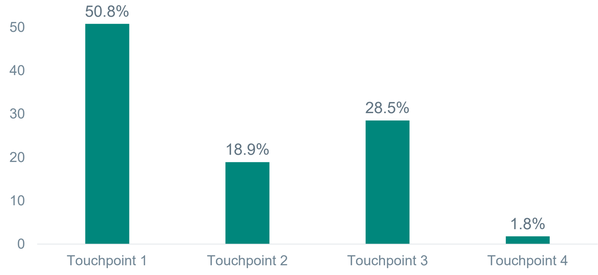
- Studies included up to six touchpoints:
  1. Initial mailed survey packet (included pre-paid incentive when used);
  2. Reminder postcard (sent 2 weeks later);
  3. Second mailed survey packet to non-responders (sent 2 weeks later);
  4. (OPTIONAL) Third mailed survey packet to non-responders (sent 2 weeks later);
  5. Missing Information Letter sent to request responses to missing questions; and
  6. Thank-you letter (included post-paid incentive when used).
- Five studies utilized a modified Dillman method[1] (with no third mailing). (Figure 1.)
- Two studies utilized the third mailing for select cohorts with limited sample size, to increase response rates. (Figure 1.)
- All studies utilized incentives ranging from $5 to $10 for pre-paid incentives (most used $10), and from $25 to $30 for post-paid incentives (most used $25).
- Insurance type, fielding year and study methodology were assessed for impact on response rate.
- Response rates were calculated using AAPOR's standard definition.[2]

Figure 1: Method for Survey Study Implementation – 3 Survey Packets and 6 Touchpoints



RESULTS

Figure 2: Touchpoints to Survey Completion – All Studies



- On average, respondents required 1.8 touchpoints and 25.5 days to return completed surveys.
- Half of completed surveys (50.8%) were received following the first touchpoint. (Figure 2.)
- Among respondents to studies with only two survey packets, half of completed surveys (50.9%) were received following the first touchpoint, 19.3% following the second touchpoint and 29.8% following the third touchpoint. (Figure 3.)
- Among respondents to studies utilizing a fourth touchpoint (third survey packet), half of completed surveys (50.2%) were received following the first touchpoint, 16.2% following the second touchpoint and 33.6% of the completed surveys were received following the third and fourth touchpoints (17.8% and 15.8% respectively). (Figure 4.)

Figure 3. Touchpoints to Survey Completion – 3 Touchpoints

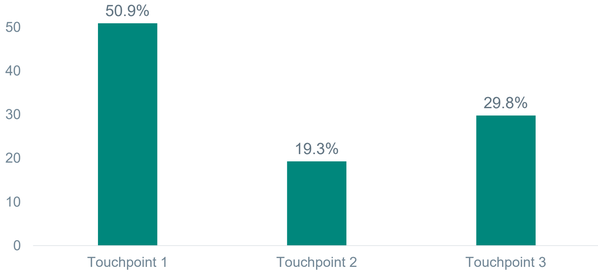
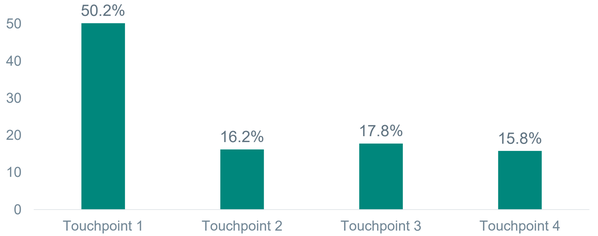


Figure 4: Touchpoints to Survey Completion – 4 Touchpoints



- In studies that utilized a fourth touchpoint, the final touchpoints resulted in as many as 33.6% of received responses (Figure 4.), compared to 29.8% in those studies which utilized only two survey packets. (Figure 3.)

LIMITATIONS

- There is no consistently-applied response rate calculation in the literature. Optum HEOR has long used AAPOR's definition, but lack of uniformity across external studies makes comparison difficult.

CONCLUSIONS

- With nearly 30% of completed surveys occurring following a third touchpoint, data continues to support the use of up to three touchpoints for optimal response to direct-to-patient mailed surveys.
- In studies with a limited sample, a fourth touchpoint may be useful to increase response rates.

REFERENCES

1. Dillman DA, Smyth JD, Christian LM. Internet, mail, and mixed-mode surveys. The Tailored Design Method. 3rd Edition. 2009. John Wiley & Sons, Inc. Hoboken, NJ.
2. The American Association for Public Opinion Research. 2016. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 9th edition*. AAPOR.

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