

# **Intensive Efforts Can Drive Healthcare Survey Response Rates over 50%**

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# Low Response Rates for Hard-to-Reach Populations Is A Growing Issue



- Patient experience surveys are assuming an increasing importance
  - ▶ Public reporting
  - ▶ Reimbursement systems
- Well-executed standard survey approaches (mail or phone) usually achieve response rates <30% for adults under age 35
  - ▶ Includes many parents of pediatric patients

# Research Questions

- Can high response rates be achieved in the hard-to-reach young adult population?
- How do response rates for email alone and for email in combination with other survey modes compare to response rates for standard mixed mode?

# Child HCAHPS<sup>®</sup> Survey



- Child HCAHPS= Child Hospital Consumer Assessment of Healthcare Providers and Systems Survey
- 3,873 parents of pediatric inpatients sampled
  - ▶ discharged from 6 large children’s hospitals
  - ▶ April through July 2013
- Randomized equally to 6 arms
  - ▶ 2 x 3 factorial design

# Experimental Design

Survey Mode	Incentive	
	None (referent)	\$20
USPS mail followed by phone (referent)	Standard Approach	X
Overnight delivery service followed by phone	X	X
Email survey attempt followed by overnight delivery service followed by phone	X	X

# Both Incentive and Overnight Delivery Boost Response Rate

- Average effects ( $p < .001$  for all)
  - ▶ +15% Incentive (vs. none)
  - ▶ +14% Email/Overnight delivery service/phone (vs. standard)
  - ▶ +12% Overnight delivery service/phone (vs. standard)
- Incentive effect was additive with the mode effect
  - ▶ Interaction  $p > 0.10$

# Combination of Overnight and Incentives Boosts Response Rates by More than 25 Percentage Points

Incentive	Standard (USPS/Phone)	Overnight/Phone	Email/Overnight/Phone
None	29%	42%	39%
\$20	42%	54%	59%

\*Each of 5 cells significantly different from the USPS/phone and no incentive referent at  $p < .005$ .

# Email works only with traditional follow-up

No incentive USPS/Phone	59% of responses by phone
Incentive + USPS/Phone	34% of responses by phone
Overnight delivery service + phone	69-78% of responses by overnight
Email + overnight delivery service + phone	43-50% of responses by email, 27-34% of responses by overnight
If only email had been used	15-25% response rate for email by itself, Worse than USPS/phone with no incentive



# Summary

- Overnight delivery service + incentives can boost response rates for young adults by as much as 25 percentage points
  - ▶ From <30% to well over 50%
  - ▶ May not be practical for most implementations, but shows high rates possible when respondents engaged
  - ▶ Overnight delivery (well-known service) may grab attention, connote importance
- Effect of preceding overnight delivery service/phone with email
  - ▶ Similar response rates with and without email stage
  - ▶ Possibly less expensive -- eliminates half the need for overnight delivery service, might reduce phone in a two-stage design
  - ▶ Email alone is inadequate -- fewer responses than standard no incentive arm

# Implications and Extensions

For young adults, a hard-to-reach population:

- High (>50%) response rates are possible
- Email added to a mixed-mode procedure preserves response rates, possibly at less cost
- Email by itself is unlikely to be effective
  - ▶ But may have value as part of a sequential mixed survey mode approach
- Findings may generalize beyond pediatric/parent survey setting to other young adult groups (e.g., younger patients in adult HCAHPS)