

# Improving Physician Survey Response Rates:

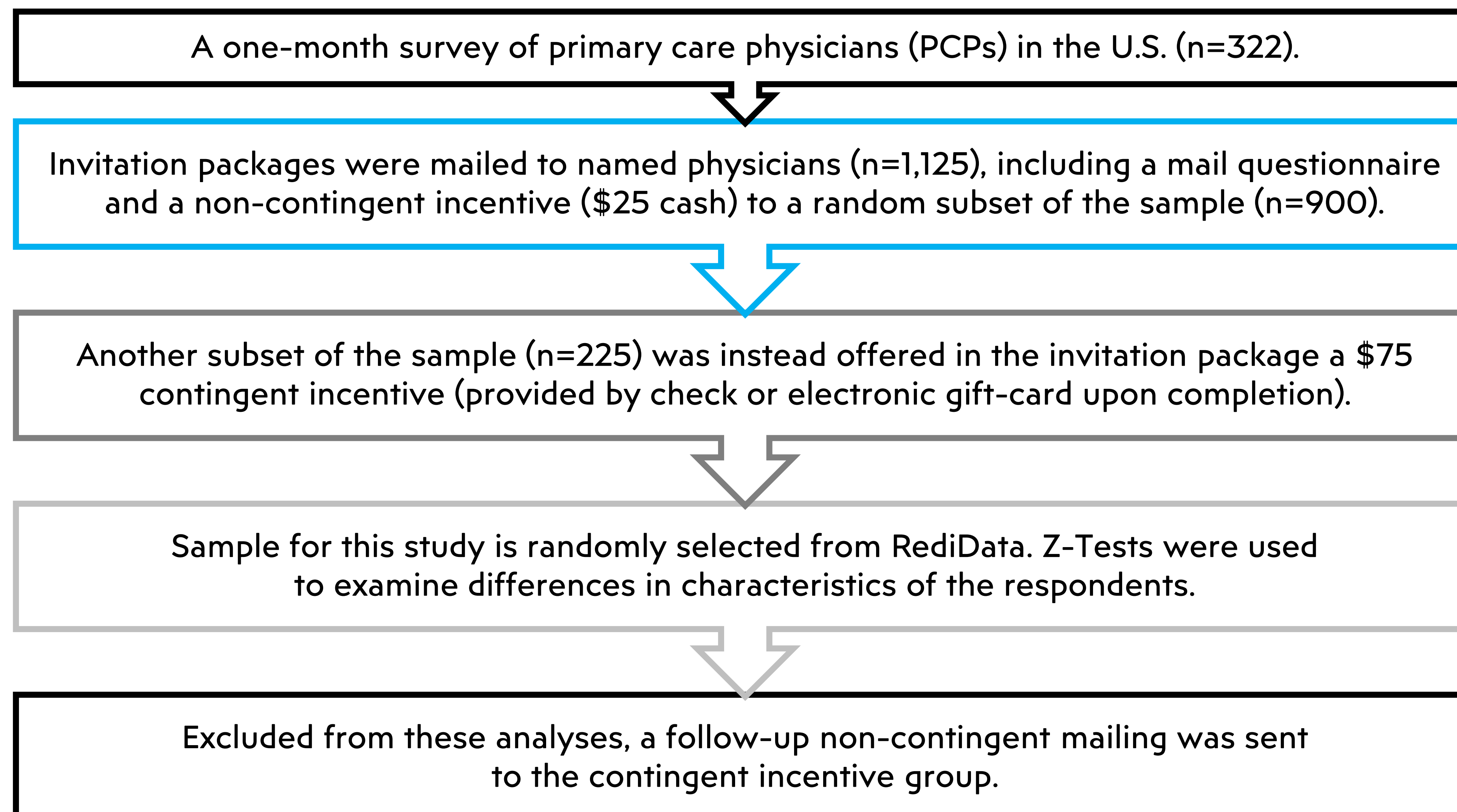
## Compelling Evidence for Non-Contingent Incentives

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### RESEARCH QUESTIONS

- Would non-contingent incentives prove more effective than a much larger contingent incentive for physicians?
- Would there be notable differences in the characteristics of physicians responding to survey?

### METHODS



39%

**TOTAL RESPONSE RATE**

44%

**NON-CONTINGENT INCENTIVE EXPERIMENTAL GROUP RESPONSE RATE**

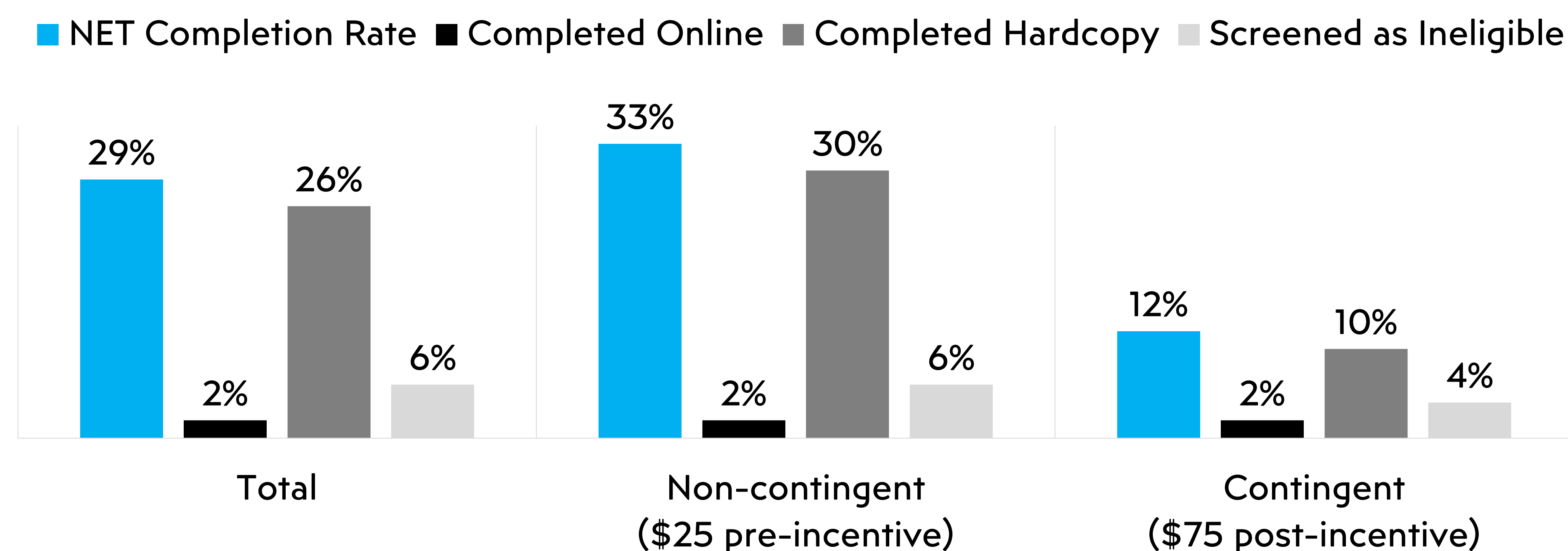
18%

**CONTINGENT INCENTIVE EXPERIMENTAL GROUP RESPONSE RATE**

52%

**POST-EXPERIMENT RESPONSE RATE**

### COMPLETION RATE



### CONTINGENT VS. NON-CONTINGENT INCENTIVE EXPERIMENTAL GROUPS: DEMOGRAPHICS (NO SIGNIFICANT DIFFERENCES)

		NON-CONTINGENT INCENTIVE EXPERIMENTAL GROUP	CONTINGENT INCENTIVE EXPERIMENTAL GROUP	TOTAL SAMPLE
Age	49 or Younger	38%	41%	38%
	50 or Older	62%	59%	62%
Gender	Male	62%	67%	62%
	Female	37%	33%	37%
Race	White non-Hispanic	64%	67%	64%
	Total non-White	34%	33%	34%

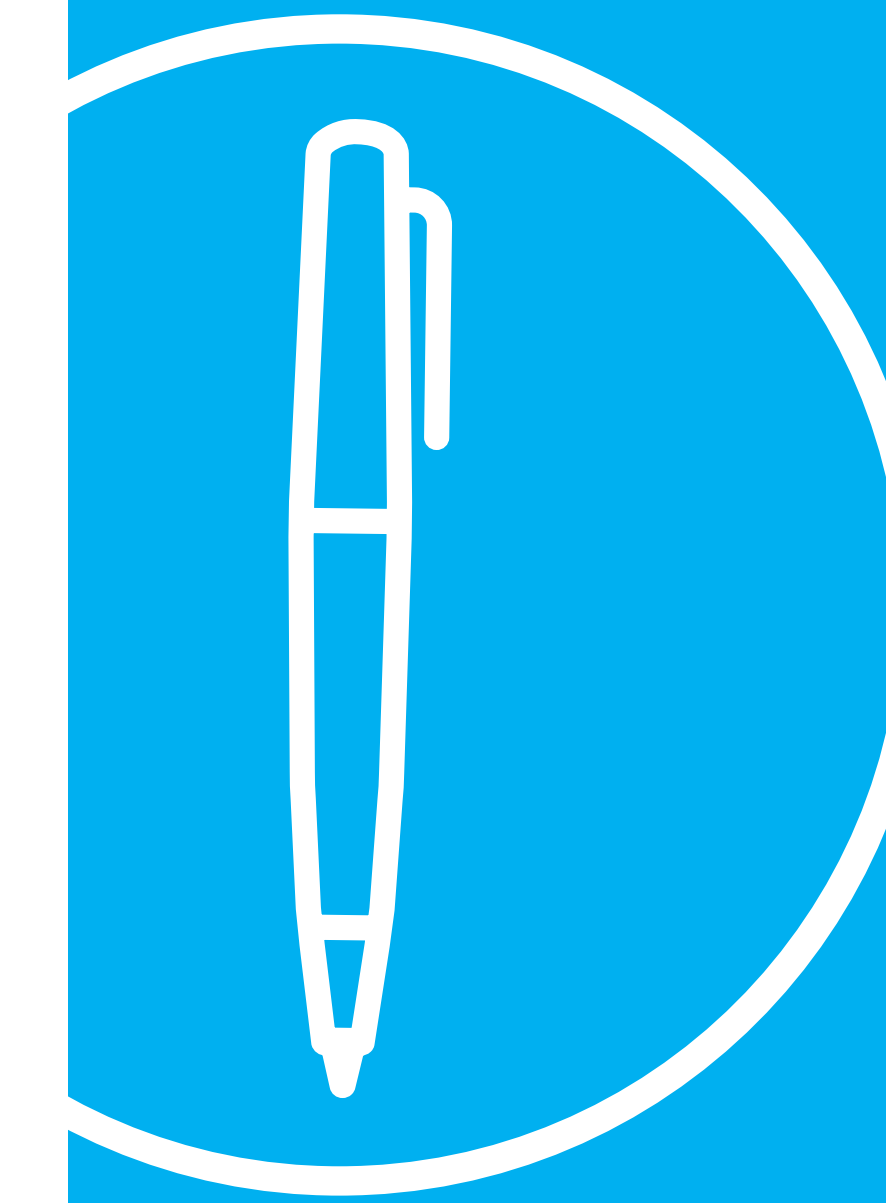
## KEY POINTS



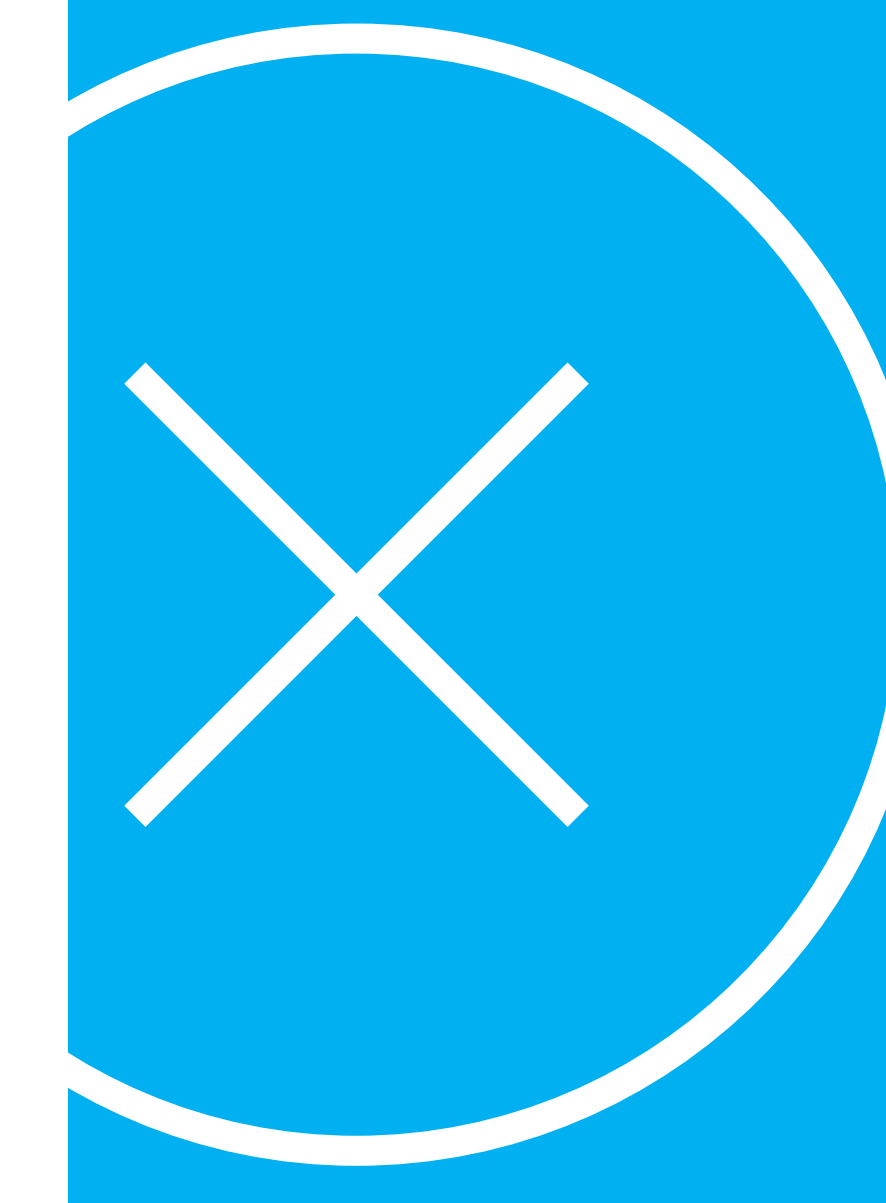
**Completion rate 3 times higher** with \$25 non-contingent vs. \$75 contingent on completion.



Physicians sent non-contingent incentives also **were more likely to confirm ineligibility**, further boosting response rates.



Mode of completion varied by type of incentive, with physicians sent non-contingent incentives being **more likely to complete the survey by hardcopy**.

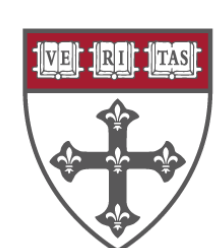


**No significant differences in demographic distributions were found** between physicians who completed the survey after receiving non-contingent incentives and those who completed after an offer of contingent incentives.



**Consider including non-contingent incentives of lower value** in invitation letters, instead of offering higher value contingent incentives.

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