

ESOMAR28



recknerhealthcare

ESOMAR28

28 QUESTIONS TO HELP RESEARCH BUYERS OF ONLINE SAMPLES

The ESOMAR 28 was designed to provide a standard set of questions a buyer can ask to determine whether a sample provider's practices and samples fit with their research objectives. The answers help research buyers ensure they receive what they expect from an online sample provider.

Reckner Healthcare provides one of the most trusted healthcare panels in the industry. We recognize the need for transparency and are pleased to share our answers, allowing you to gain insight into the high level of service, and commitment to excellence which Reckner Healthcare exemplifies.

The **28 questions** cover the following areas:

- COMPANY PROFILE
- SAMPLE SOURCES AND RECRUITMENT
- SAMPLING AND PROJECT MANAGEMENT
- PANEL MANAGEMENT
- DATA QUALITY AND VALIDATION
- POLICIES AND COMPLIANCE



COMPANY PROFILE

1. What experience does your company have in providing online samples for market research?

Reckner Healthcare is one of the most trusted research companies in the nation for both our Clients and our Panelists. Reckner Healthcare has been delivering complete healthcare fieldwork solutions for pharmaceutical and medical marketing research projects for the past 25 years. Our independently-maintained panel of healthcare professionals is used for both online quantitative and qualitative market research efforts, in which participants are paid a Fair Market Value honorarium for their time. Further, Reckner Healthcare's panel is solely used to support the survey research needs of our Clients. Surveys are the only offer the panelists receive. There are no subscriptions offered, promotions, or sales of any kind. When Reckner's panelists receive an invitation, they know it is a sound opportunity in which the survey has been vetted thoroughly and support will be given quickly should the need arise. In turn, honorarium is paid as stated and on time for each interaction. We take care of our panelists and in return our panelists take care of us which is shown by our high response rates.

SAMPLE SOURCES & RECRUITMENT

2. Please describe and explain the type(s) of online sample sources from which you get respondents. Are these databases? Actively managed research panels? Direct marketing lists? Social networks? Web intercept (also known as river) samples?

Reckner Healthcare leverages our actively managed proprietary research panel which has been built exclusively for survey research. We link the healthcare community to the survey researchers, allowing the healthcare professionals' collective voice to be heard. Our un-paralleled access into the healthcare professional space allows for extensive reach across all specialties and practitioner types, giving you the direct link needed for fast, efficient, verified, and reliable insights.

3. If you provide samples from more than one source: How are the different sample sources blended together to ensure validity? How can this be replicated over time to provide reliability? How do you deal with the possibility of duplication of respondents across sources?

Given our panel reach, Reckner Healthcare is able to accommodate the majority of sampling needs internally via our proprietary panel. From time to time, our clients ask that we blend sample. For those cases, Reckner Healthcare uses a proprietary system to control for the blending of sample of both online and offline recruiting efforts. We use our access of universe populations to control for any cross-panel de-duplication. Duplicates are identified and removed via NPI number and primary source name, specialty, and address components.

SAMPLE SOURCES & RECRUITMENT (cont.)

4. Are your sample source(s) used solely for market research? If not, what other purposes are they used for?

Reckner Healthcare's panel is used exclusively for market research. Our panelists know and trust the Reckner Healthcare brand. They know that invitations received from Reckner Healthcare are for surveys that have been thoroughly vetted and are sponsored by reputable pharmaceutical companies, medical device companies or research agencies.

5. How do you source groups that may be hard to reach on the internet?

Reckner Healthcare may use multi-modal recruiting techniques which include the following:

- Direct mail via NPI verified database
- Telephone to web via our in-house recruiting agents
- Professional society and association partnerships
- Professional conferences

6. If, on a particular project, you need to supplement your sample(s) with sample(s) from other providers, how do you select those partners? Is it your policy to notify a client in advance when using a third party provider?

If applicable, Reckner Healthcare will leverage vetted partners, whom we have a contractual agreement with and are held to the same high level of data quality we hold ourselves to. Clients will be consulted at the time of bid/feasibility should a partner be needed.

SAMPLING & PROJECT MANAGEMENT

7. What steps do you take to achieve a representative sample of the target population?

Sampling criteria is provided to Reckner Healthcare via our Clients. Generally one of two requests is relayed; Panel-only recruit or List-restricted recruit. Panel-only allows the sample to be derived from the panel alone and may be sampled proportionate to that specialty's geographic representation. List-restricted requires the sample to be culled from a client-supplied list. Under this condition sampling can be representative to the list or the population's universe depending on study need.

SAMPLING & PROJECT MANAGEMENT (cont.)

8. Do you employ a survey router?

Context: A survey router is a software system that allocates willing respondents to surveys for which they are likely to qualify. Respondents will have been directed to the router for different reasons, perhaps after not qualifying for another survey in which they had been directly invited to participate, or maybe as a result of a general invitation from the router itself. There is no consensus at present about whether and how the use of a router affects the responses that individuals give to survey questions.

No

9. If you use a router: Please describe the allocation process within your router. How do you decide which surveys might be considered for a respondent? On what priority basis are respondents allocated to surveys?

Context: Biases of varying severity may arise from the prioritisation in choices of surveys to present to respondents and the method of allocation.

N/A

10. If you use a router: What measures do you take to guard against, or mitigate, any bias arising from employing a router? How do you measure and report any bias?

Context: If Person A is allocated to Survey X on the basis of some characteristic then they may not be allowed to also do Survey Y. The sample for Survey Y is potentially biased by the absence of people like Person A.

N/A.

11. If you use a router: Who in your company sets the parameters of the router? Is it a dedicated team or individual project managers?

Context: It may be necessary to try to replicate your project in the future with as many of the parameters as possible set to the same values. How difficult or easy will this be?

N/A

SAMPLING & PROJECT MANAGEMENT (cont.)

12. What profiling data is held on respondents? How is it done? How does this differ across sample sources? How is it kept up-to-date? If no relevant profiling data is held, how are low incidence projects dealt with?

Level I profiling information includes:

- Name (first, last)
- Email address
- Office address
- Medical specialty
- NPI/DEA number
- Year graduated

Level II profiling information may include:

- Sub-specialty
- Hospital affiliation(s)
- Type of practice
- Board Certification Year
- Gender

Panelists may update their profile at any time.

13. Please describe your survey invitation process. What is the proposition that people are offered to take part in individual surveys? What information about the project itself is given in the process? Apart from direct invitations to specific surveys (or to a router), what other means of invitation to surveys are respondents exposed to? You should note that not all invitations to participate take the form of emails.

Email invitations are the preferred method for our panelists. Drop mail and phone outreach is also leveraged via our in-house recruiting staff. All outgoing invitations are sent from a valid Reckner Healthcare email account and always include: Personalization, Survey Topic, Survey Length and Expectations, Incentive Offer and Terms, Unique Survey Link, Help Email Address, an Opt-out Statement, and a link to our respondent Privacy Policy.

SAMPLING & PROJECT MANAGEMENT (cont.)

14. Please describe the incentives that respondents are offered for taking part in your surveys.

Incentives are fulfilled by check or pre-paid Visa card. Panelists are offered FMV amounts for their time based on survey length and panelist type, but may increase due to low incidence and timing needs. Incentive amounts do vary based on degree-type and specialty.

15. What information about a project do you need in order to give an accurate estimate of feasibility using your own resources?

The minimum information needed in order to provide a thoughtful estimate include but is not limited to research methodology, quota by respondent type and specialty, incidence rate, survey length, and geography.

16. Do you measure respondent satisfaction? Is this information made available to clients?

The entire staff of Reckner Healthcare is available to respondents for any questions or concerns, whether that is by email or phone. We measure satisfaction through our respondent high retention and response rates. Reckner Healthcare would consult with the Client to determine what information is being requested and for what reason(s) before making information available.

In addition, Reckner's dedicated panel team works closely with panelists to enhance their user experience in the panel and provide them a 'voice'. This voice can act as an early detection for any unforeseen issues while fielding a study.

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

When Reckner Healthcare is programming the survey, we provide a real-time online report of study status which includes, the number of logins by specialty, number of terminates, completes, suspends, over-quotas, incidence rate and survey length. This report offers transparency in all recruiting efforts and we will debrief post-recruitment on any additional findings during the recruit if needed

DATA QUALITY & VALIDATION

- 18.** Who is responsible for data quality checks? If it is you, do you have in place procedures to reduce or eliminate undesired within survey behaviours, such as (a) random responding, (b) Illogical or inconsistent responding, (c) overuse of item non-response (e.g. “Don’t Know”) or (d) speeding (too rapid survey completion)? Please describe these procedures.

At Reckner Healthcare, checks and balances occur at each stage of a project from initial review to final deliverable.

For online surveys, if a respondent's data is found to be unacceptable due to speeding and cheating parameters, Reckner will remove and replace those during fielding. We alert Clients as needed to the replacement and partner with our Clients on any additional parameters needed to ensure a respondent's data integrity.

Reckner implements a three strike rule, where respondents are given a strike for each instance of speeding or straight lining, where their information is deemed unusable. Reckner maintains a proprietary do not recruit list, where any fraudulent respondents or those with three strikes will be excluded from future studies.

When Reckner Healthcare is programming the survey, upon soft launch, a separate data processor in the programming department writes a 'clean'. This is a separate program that electronically checks all of the terminate and quota points as well as all skip logic within the survey program. The clean program checks for speeders and cheaters daily, along with any client specified cleaning rules, and supplies a report to the Project Manager. The data processor then outputs the data for secondary review. The Project Manager and QA team review the data export in the client's preferred format. Furthermore, we review open-end question responses daily for poor, unacceptable responses.

- 19.** How often can the same individual be contacted to take part in a survey within a specified period whether they respond to the contact or not? How does this vary across your sample sources?

We do not limit the number of contacts to take part in a single survey as there are many factors which can lead to non-response including, but not limited to, topic, day of the week, time of the year, and even time of the day. We often must maximize response through a multi-modal recruit and use our best judgement as to when we have exhausted our approach without harassing our panelists. When possible we try to limit the number of re-contacts to 3 times over the course of a single study.

DATA QUALITY & VALIDATION (cont.)

20. How often can the same individual take part in a survey within a specified period? How does this vary across your sample sources? How do you manage this within categories and/or time periods?

We do not impose minimum time intervals between quantitative surveys for most physician specialties due to the low resulting ratio between overall sample willing to participate in market research studies, the regular volume of studies executed by Reckner Healthcare within many of these specialty sets, the need to meet survey-specific sub quota criteria within a specialty area (geographic region, number of patients treated, client past participation parameters, etc.), and the need to complete rather large specialty quotas.

For large population specialties (PCP, Psychiatrists, Pediatricians) we typically draw sample on a regional basis by rolling over blocks of sample. We feel that using this "rolling" method of pulling sample on a regional basis ensures that we are not overusing our sample for these specialties. However, we are capable of implementing client specific sampling controls for ongoing tracking studies and additional project needs.

21. Do you maintain individual level data such as recent participation history, date of entry, source, etc., on your survey respondents? Are you able to supply your client with a project analysis of such individual level data?

We do keep panelist participation histories as well as blended specialty histories. Our tracking system allows us to accurately determine feasibility in conjunction with proposed study specs, and will be shared with the client upon request. An individual de-identified analysis can be generated on a survey by survey basis, upon client request.

22. Do you have a confirmation of respondent identity procedure? Do you have procedures to detect fraudulent respondents? Please describe these procedures as they are implemented at sample source registration and/or at the point of entry to a survey or router. If you offer B2B samples what are the procedures there, if any?

Reckner Healthcare's verification process is thorough as potential panelists are verified against multiple sources; including the NPPES, DEA, and ABMS source files. In addition, the entire panel is scrubbed against the DEA/FDA/DHHS disbarment /sanctioned lists a minimum of 10 times annually.

At time of log-in, respondents are asked to confirm their identity before allowing them to continue through the screener.

POLICIES & COMPLIANCE

23. Please describe the 'opt-in for market research' processes for all your online sample sources.

Prospective panelists that seek inclusion within Reckner Healthcare's panel are self-selecting to become a panelist by completing our registration process. A follow-up email is sent after the registration process has been completed. Further, a panelist may opt-out at any time. Opt-out instructions are included on all out-going survey invitations.

24. Please provide a link to your Privacy Policy. How is your Privacy Policy provided to your respondents?

<http://reckner.com/privacy>

The Privacy Policy is presented at the time of registration, on the invitation, and within each survey. Reckner Healthcare takes the privacy of its panelists very seriously and will never sell any personally identifiable information to any third party.

25. Please describe the measures you take to ensure data protection and data security.

Reckner Healthcare's public web servers are limited by Cisco ASA firewall to port 80 and 443. These servers are regularly penetrated tested for PCI compliance by an outside firm. The servers are monitored for Intrusion Detection utilizing the open source software OSSEC. Production access to the servers is restricted and logged via Samba / Active Directory.

From employee password protected rights to secure file transfers, the protection of PII and data security is a top of mind policy driven approach we represent. We realize one size doesn't fit all, so we can adapt to any client-specific data security needs to ensure company compliance.

26. What practices do you follow to decide whether online research should be used to present commercially sensitive client data or materials to survey respondents?

Reckner Healthcare abides by the rules, regulations and standards of the market research industry as set forth by CASRO, MRA, PMRG, PBIRG and ESOMAR. We work with our client to ensure the proper agreements are presented and are in place with regard to confidentiality before a respondent is presented with sensitive data or materials.

POLICIES & COMPLIANCE (cont.)

27. Are you certified to any specific quality system? If so, which one(s)?

Reckner Healthcare has developed its own proprietary quality system that meets, and often exceeds, industry standards to ensure consistency, the highest level of customer satisfaction, and continuous improvement.

28. Do you conduct online surveys with children and young people? If so, do you adhere to the standards that ESOMAR provides? What other rules or standards, for example COPPA in the United States, do you comply with?

Reckner Healthcare does not conduct online surveys with children and young people.