

**Title of Project: Formative Study to Inform HIV Screening and PrEP Resources for Health Care Providers**

**Attachment C: Justification for Token of Appreciation for Health Care Provider Participants**

To facilitate recruitment, we will provide a token of appreciation of \$250 to primary care providers who participate in the research. Recruiting physicians to participate in research has been shown to be difficult for reasons related primarily to the time burden (Asch, Connor, Hamilton, & Fox, 2000). Physicians are a specialized, unique group of people whose time is limited and, thus, a quite valuable. Therefore, focus group facilities who recruit primary care providers recommend a higher token to ensure recruitment of this population. A high token of appreciation or honorarium through our experience has been more successful than lower honoraria. According to Kim Johanson, a Vice President of recruiting for Schlesinger Associations, a market research firm that conducts over 6,000 health care studies annually, high honoraria for health care providers are essential: "These are the honoraria needed to insure success for recruiting in the markets specified. From our extensive history of recruiting, the amounts are based on the lowest amounts that have proven to be successful." (personal communication, September 10, 2014). Physician participation is critical to the success of this research and, thus, we kindly request that Office of Management and Budget (OMB) allow this token of appreciation for health care providers who volunteer to participate in our data collection efforts.

**Summary of justifications:**

1. Physicians are a population that is difficult to recruit to participate in research.
2. A token of appreciation of \$250 for primary care physicians was previously approved under the OMB package #0920-0775.
3. A token of appreciation will ensure participation from a cross-section of physicians which will improve data quality by improving validity and reliability.
4. This token of appreciation is consistent with those used in past interview studies between the contractor (RTI) and the focus group vendor.

**Explanations of justifications:**

Each of these justifications will be explored in the following sections.

1. *Physicians are a difficult population to recruit to participate in research.* OMB offers a justification which supports the use of honoraria, in this case "to improve coverage of specialized respondents, rare groups, or minority populations" (Office of

Management and Budget, 2006). Physicians are specialized respondents and require unique incentives to ensure participation. There have been numerous studies that show difficulties in recruiting physicians to participate in research (Berk & Jen, 1985; W. L. Cull, O'Connor, & Olson, 2010; William L. Cull, O'Connor, Sharp, & Tang, 2005; VanGeest, Johnson, & Welch, 2007). In one systematic review assessing ways to improve physician participation (VanGeest et al., 2007). The researchers reviewed 21 different papers from 1981 to 2006 and assessed various ways to improve physician participation ranging from monetary incentives to other types of non-monetary incentives (weighted OR 2.13; 95% confidence interval [CI] 1.7–2.6) (VanGeest et al., 2007). They found that studies who provided higher incentives yielded higher odds of physician participation (VanGeest et al., 2007). Similarly, studies that provided monetary vs. non-monetary incentives had much higher odds for participation (VanGeest et al., 2007).

2. *A token of appreciation of up to \$250 was previously approved under the OMB package #0920-0775.*

The token of appreciation of up to \$250 was utilized with success during a previous Prevention is Care (PIC) study titled: *Formative Research to Develop Social Marketing Campaigns: Routine HIV Testing for Emergency Medicine Physicians, Prevention Is Care (PIC), and Partner Services* (OMB #0920-0775). Although we recognize that this OMB package is no longer valid, according to item 76 in the Memorandum for the President's Management Council, past experience can be utilized to justify a more elevated token of appreciation: "Agencies may be able to justify the use of incentives by relating past survey experience, results from pretests or pilot tests, or findings from similar studies. This is especially true where there is evidence of attrition and/or poor prior response rates (Office of Management and Budget, 2006)."

Our experience has shown that a lower token of appreciation yields poor response rates as it does not appear sufficiently attractive to physicians compared to other similar opportunities especially from pharmaceutical companies. Especially given that a higher number of physicians are now paid on a fee-for-service basis and may be reluctant to leave their office for an interview without adequate compensation. For example, if a physician sees a minimum of four patients an hour, each with an average billing rate of \$50, this equates to a physician hourly rate of \$200 without leaving the office. Suggested standard honoraria rates range from \$200 to \$300 for physicians depending on specialty and geographic location. Higher honoraria may be necessary to recruit physicians who see a higher number of patients per hour or who have additional years of specialized training, such as infectious disease specialists.

3. *An incentive will improve data quality by improving validity and reliability.*

OMB's guidance states that a "justification for requesting use of an incentive is improvement in data quality. For example, agencies may be able to provide evidence that, because of an increase in response rates, an incentive will significantly improve validity and reliability to an extent beyond that possible through other means" (Office of Management and Budget, 2006)). The honoraria are intended to recognize the time burden placed on participants, encourage their cooperation, and to convey appreciation for contributing to this important study. Numerous empirical studies have shown that incentives can significantly increase response rates (Abreu & Winters, 1999; Shettle & Mooney, 1999). The use of modest incentives is expected to enhance survey response rates without biasing responses. A smaller incentive

would not appear sufficiently attractive to participants who are often provided the multiple opportunities to provide their insights and opinions on important health topics such as HIV. We also believe that the incentives will result in higher data validity as participants will become more engaged in the interview process. It is crucial that the interviews be completed in a timely manner prior to the launch of the campaign as this is central to our planned data analyses.

4. *This incentive is consistent with those used in past interview studies between the contractor (RTI) and the vendor.*

Agencies may justify the use of incentives by “relating past survey experience” (OMB, 2006). The contractor (RTI) and their focus group vendor are experts in their field. In their experience in the recruitment of physicians, an honoraria of \$250 is the most efficient way to recruit. If a lower honoraria is offered, in their experience, recruitment times are lengthened thus accruing unnecessary costs to the budget.

## References

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