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# How does PRC's telephone methodology combat bias?

The primary objective of using a random sample survey methodology is to speak intelligently about the entire population from which the sample is taken. The biggest impediment to accomplishing this goal is the injection of bias. Here we explain how PRC's telephone methodology combats a few of the most dangerous types of bias, including that of self-selection, polarized responses, lag time, respondent, and demographic information.

## Self-selection Bias

One of the biggest sources of bias lies in passing the burden of measurement to the people being measured. For example, if you hand a survey to a patient for her to fill out and mail back, she bears the responsibility of documenting and submitting the data. Since the acceptance (or rejection) of this responsibility varies from person to person, thereby introducing bias, the integrity of the data is questionable. The telephone methodology allows PRC to manage the responsibility of collecting, documenting, and submitting data through an invariable and standardized process, thereby mitigating variance in participation more effectively than a mail-out or hand-out methodology. By initiating contact with each person selected via telephone and affording each person an equal opportunity to participate in the survey, we alleviate the data collection burden from the shoulders of those being measured.

## Polarized Responses Bias

Research and common sense suggest that most people who fill out written surveys and send them back are those with exceptional stories—good or bad. For example, when you go to a restaurant with comment cards on the table, when do you fill one out? You likely fill one out when the experience is especially wonderful or especially horrible. For many restaurant experiences, there is nothing notable either way, so you leave the comment cards blank. PRC's telephone methodology allows us to capture the “silently satisfied” patient, whose inclinations to participate remain neutral. In this way, then, we provide you data that is truly representative of your broader patients' perceptions.

## Lag Time Bias

PRC maintains control of when surveys are completed by consistently administering surveys shortly after the patient experience occurs. With mail-out surveys, there is no way to control when the survey is filled out. Research indicates that time is an important variable; the greater the time between an event and its recollection, the less concrete the memories. Data comprised of various lag times and erratic levels of recollection renders little value.



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## Respondent Bias

PRC screens who is responding to the survey. We speak to the actual adult patient 85-99% of the time. We reserve the ability for a caregiver to respond to the survey when it is a pediatric patient or when the patient is too ill to complete the survey. Mail-out surveys cannot control who is filling out the survey. The person writing in responses may not have much experience with the actual care. With mail-out surveys, there is no way to control whose opinions are captured.

## Demographic Bias

While no methodology is perfect at capturing a demographic cross-section, the phone methodology is better than paper or electronic surveys. The phone is better at capturing a better distribution of age, education, and those with language barriers. Moreover, according to a U.S. Department of Education study from April 2013, 14% of the adult population cannot read, with 21% reading below a fifth grade level.

