

## PMB Medical Media Study

### Documentation of changes between MMS 2009 and MMS 2011.

Important changes were incorporated into the new PMB Medical Media Study released in 2011, to respond to members' needs for more information and lower cost.

#### QUESTIONNAIRE

1. **Addition of new question on value of 13 media channels:** There is new information on the relative value of 13 different media channels. The purpose is to provide members with data to evaluate the efficiency of different media for reaching physicians.

The table below summarizes the new findings, showing how CME meetings and medical publications are the most highly rated channels. Over 50% of physicians rate them as valuable resources for information on prescription products. (Further data are also available to members in the MMS printed volume.)

**% of physicians rating each channel as valuable resource  
for information on prescription products**

1	CME Meetings	62%
2	Medical Publications	58
3	Reference Publications	54
4	CME Print	49
5	CME Online	40
6	Pharmaceutical Company Reps	39
7	Medical Publication Websites	34
8	Disease Information Websites	32
9	Medical Association Websites	30
10	Pharmaceutical Company Websites	21
11	Direct Mail	20
12	E newsletters	18
13	E Detailing	15

2. **Medical Publication Websites:** New information is included on physicians' use of medical publications' websites, also available in the printed volume.
  3. **Deletions:** To make room for the above new questions, the following questions were deleted: Time spent reading, Enjoyment rating, and "Other areas worked In". These were judged to of less value than the new data referred to above. Time spent data, while important, parallel the information on percentage of pages read. The question on enjoyment was judged of lesser value to the membership. The question on "Other areas worked in" was deleted because most of the 50 "other areas" have insufficient sample for analysis.
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#### SAMPLE SIZE / DESIGN

1. **Specialties Measured:** Four specialties (which account for over 90% of prescriptions) are available for individual analysis: GP/FM, psychiatrists, IM's and cardiologists. Ob/Gyn, surgeons and pediatricians are still included in the sample, but not in such a way as to permit *individual* analysis.

Sample size target was reduced from 3,000 in previous studies to approximately 1,600 for the on-going study. This is in line with other medical media studies in the US and UK.

2. **Quebec sample:** The sample listing for Quebec physicians is now based on a merger of three lists, as the original list supplier is no longer provides the required information. Using three lists in place of one is likely to improve the sample representativity. The procedure for merging the three lists is documented in the Technical Appendix.

#### INCENTIVES

Incentives were reduced to \$40 and \$60 for GP's and other specialties respectively. It was projected that this would be accompanied by a lower response rate to approximately 25% - 30%. It was also projected that the response rate reduction would not affect unduly the overall readership levels. Response rates are at the projected levels, and average readership levels have indeed remained stable.

#### SUMMARY

The goal was to provide extensive new information on the changing media scene, including information on multiple media channels and website usage, within a lower cost envelope for members. All changes were reviewed and approved unanimously by the MMS Operating Committee.

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